

2019 Rate Schedule - Medical & Dental
Full-time Management/Non-represented Employees
(Based on Monthly Premium Costs)

Health Insurance Plan	2019 Monthly Premium	2019 City Contribution	2019 Employee Contribution
Option 1 - Regence Co-Pay Plan B w/ Delta Dental			
EE Only	\$713.13	\$641.82	\$71.31
EE + Child	\$1,302.93	\$1,172.64	\$130.29
EE + Spouse	\$1,489.18	\$1,340.26	\$148.92
EE + Children	\$1,778.28	\$1,600.45	\$177.83
Family	\$2,051.13	\$1,846.02	\$205.11
Option 2 - Regence Co-Pay Plan B w/ Willamette Dental			
EE Only	\$707.02	\$636.32	\$70.70
EE + Child	\$1,293.84	\$1,164.46	\$129.38
EE + Spouse	\$1,478.82	\$1,330.94	\$147.88
EE + Children	\$1,762.85	\$1,586.57	\$176.29
Family	\$2,033.25	\$1,829.93	\$203.33
Option 3 - Regence Co-Pay Plan B w/ Kaiser Dental			
EE Only	\$728.90	\$656.01	\$72.89
EE + Child	\$1,328.32	\$1,195.49	\$132.83
EE + Spouse	\$1,518.18	\$1,366.36	\$151.82
EE + Children	\$1,840.24	\$1,656.22	\$184.02
Family	\$2,122.54	\$1,910.29	\$212.25
Option 4 - Kaiser w/ /Delta Dental			
EE Only	\$726.00	\$653.40	\$72.60
EE + Child	\$1,312.39	\$1,181.15	\$131.24
EE + Spouse	\$1,499.35	\$1,349.42	\$149.94
EE + Children	\$1,806.68	\$1,626.01	\$180.67
Family	\$2,083.04	\$1,874.74	\$208.30
Option 5 - Kaiser w/ Willamette Dental			
EE Only	\$719.89	\$647.90	\$71.99
EE + Child	\$1,303.30	\$1,172.97	\$130.33
EE + Spouse	\$1,488.99	\$1,340.09	\$148.90
EE + Children	\$1,791.25	\$1,612.13	\$179.13
Family	\$2,065.16	\$1,858.64	\$206.52
Option 6 - Kaiser w/ Kaiser Dental			
EE Only	\$741.77	\$667.59	\$74.18
EE + Child	\$1,337.78	\$1,204.00	\$133.78
EE + Spouse	\$1,528.35	\$1,375.52	\$152.84
EE + Children	\$1,868.64	\$1,681.78	\$186.86
Family	\$2,154.45	\$1,939.01	\$215.45

2019 Rate Schedule - Medical Only
Full-time Management/Non-represented Employees
(Based on Monthly Premium Costs)

Health Insurance Plan	2019 Monthly Premium	2019 City Contribution	2019 Employee Contribution
Option 1 - Regence Co-Pay Plan B			
EE Only	\$652.06	\$586.85	\$65.21
EE + Child	\$1,209.85	\$1,088.87	\$120.99
EE + Spouse	\$1,382.80	\$1,244.52	\$138.28
EE + Children	\$1,616.26	\$1,454.63	\$161.63
Family	\$1,864.24	\$1,677.82	\$186.42
Option 2 - Kaiser			
EE Only	\$664.93	\$598.44	\$66.49
EE + Child	\$1,219.31	\$1,097.38	\$121.93
EE + Spouse	\$1,392.97	\$1,253.67	\$139.30
EE + Children	\$1,644.66	\$1,480.19	\$164.47
Family	\$1,896.15	\$1,706.54	\$189.62

2019 Rate Schedule - Dental Only
Full-time Management/Non-represented Employees
(Based on Monthly Premium Costs)

Dental Insurance Plan	2019 Monthly Premium	2019 City Contribution	2019 Employee Contribution
Option 1 - Delta Dental			
EE Only	\$61.07	\$54.96	\$6.11
EE + Child	\$93.08	\$83.77	\$9.31
EE + Spouse	\$106.38	\$95.74	\$10.64
EE + Children	\$162.02	\$145.82	\$16.20
Family	\$186.89	\$168.20	\$18.69
Option 2 - Willamette			
EE Only	\$54.96	\$49.46	\$5.50
EE + Child	\$83.99	\$75.59	\$8.40
EE + Spouse	\$96.02	\$86.42	\$9.60
EE + Children	\$146.59	\$131.93	\$14.66
Family	\$169.01	\$152.11	\$16.90
Option 3 - Kaiser			
EE Only	\$76.84	\$69.16	\$7.68
EE + Child	\$118.47	\$106.62	\$11.85
EE + Spouse	\$135.38	\$121.84	\$13.54
EE + Children	\$223.98	\$201.58	\$22.40
Family	\$258.30	\$232.47	\$25.83

2019 Rate Schedule - Medical & Dental
Part-time Management/Non-represented Employees
(Based on Monthly Premium Costs)

Health Insurance Plan	2019 Monthly Premium	2019 City Contribution	2019 Employee Contribution
Option 1 - Regence Co-Pay Plan B w/ Delta Dental			
EE Only	\$713.13	\$356.57	\$356.57
EE + Child	\$1,302.93	\$651.47	\$651.47
EE + Spouse	\$1,489.18	\$744.59	\$744.59
EE + Children	\$1,778.28	\$889.14	\$889.14
Family	\$2,051.13	\$1,025.57	\$1,025.57
Option 2 - Regence Co-Pay Plan B w/ Willamette Dental			
EE Only	\$707.02	\$353.51	\$353.51
EE + Child	\$1,293.84	\$646.92	\$646.92
EE + Spouse	\$1,478.82	\$739.41	\$739.41
EE + Children	\$1,762.85	\$881.43	\$881.43
Family	\$2,033.25	\$1,016.63	\$1,016.63
Option 3 - Regence Co-Pay Plan B w/ Kaiser Dental			
EE Only	\$728.90	\$364.45	\$364.45
EE + Child	\$1,328.32	\$664.16	\$664.16
EE + Spouse	\$1,518.18	\$759.09	\$759.09
EE + Children	\$1,840.24	\$920.12	\$920.12
Family	\$2,122.54	\$1,061.27	\$1,061.27
Option 4 - Kaiser w/ /Delta Dental			
EE Only	\$726.00	\$363.00	\$363.00
EE + Child	\$1,312.39	\$656.20	\$656.20
EE + Spouse	\$1,499.35	\$749.68	\$749.68
EE + Children	\$1,806.68	\$903.34	\$903.34
Family	\$2,083.04	\$1,041.52	\$1,041.52
Option 5 - Kaiser w/ Willamette Dental			
EE Only	\$719.89	\$359.95	\$359.95
EE + Child	\$1,303.30	\$651.65	\$651.65
EE + Spouse	\$1,488.99	\$744.50	\$744.50
EE + Children	\$1,791.25	\$895.63	\$895.63
Family	\$2,065.16	\$1,032.58	\$1,032.58
Option 6 - Kaiser w/ Kaiser Dental			
EE Only	\$741.77	\$370.89	\$370.89
EE + Child	\$1,337.78	\$668.89	\$668.89
EE + Spouse	\$1,528.35	\$764.18	\$764.18
EE + Children	\$1,868.64	\$934.32	\$934.32
Family	\$2,154.45	\$1,077.23	\$1,077.23

2019 Rate Schedule - Medical Only
Part-time Management/Non-represented Employees
(Based on Monthly Premium Costs)

Health Insurance Plan	2019 Monthly Premium	2019 City Contribution	2019 Employee Contribution
Option 1 - Regence Co-Pay Plan B			
EE Only	\$652.06	\$326.03	\$326.03
EE + Child	\$1,209.85	\$604.93	\$604.93
EE + Spouse	\$1,382.80	\$691.40	\$691.40
EE + Children	\$1,616.26	\$808.13	\$808.13
Family	\$1,864.24	\$932.12	\$932.12
Option 2 - Kaiser			
EE Only	\$664.93	\$332.47	\$332.47
EE + Child	\$1,219.31	\$609.66	\$609.66
EE + Spouse	\$1,392.97	\$696.49	\$696.49
EE + Children	\$1,644.66	\$822.33	\$822.33
Family	\$1,896.15	\$948.08	\$948.08

2019 Rate Schedule - Dental Only
Part-time Management/Non-represented Employees
(Based on Monthly Premium Costs)

Dental Insurance Plan	2019 Monthly Premium	2019 City Contribution	2019 Employee Contribution
Option 1 - Delta Dental			
EE Only	\$61.07	\$30.54	\$30.54
EE + Child	\$93.08	\$46.54	\$46.54
EE + Spouse	\$106.38	\$53.19	\$53.19
EE + Children	\$162.02	\$81.01	\$81.01
Family	\$186.89	\$93.45	\$93.45
Option 2 - Willamette			
EE Only	\$54.96	\$27.48	\$27.48
EE + Child	\$83.99	\$42.00	\$42.00
EE + Spouse	\$96.02	\$48.01	\$48.01
EE + Children	\$146.59	\$73.30	\$73.30
Family	\$169.01	\$84.51	\$84.51
Option 3 - Kaiser			
EE Only	\$76.84	\$38.42	\$38.42
EE + Child	\$118.47	\$59.24	\$59.24
EE + Spouse	\$135.38	\$67.69	\$67.69
EE + Children	\$223.98	\$111.99	\$111.99
Family	\$258.30	\$129.15	\$129.15