

2019 Rate Schedule - Medical & Dental

Full-time TPOA 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	\$660.66	\$65.34
EE + Child	\$1,312.39	\$1,194.27	\$118.12
EE + Spouse	\$1,499.35	\$1,364.41	\$134.94
EE + Children	\$1,806.68	\$1,644.08	\$162.60
Family	\$2,083.04	\$1,895.57	\$187.47
Option 5 - Kaiser w/ Willamette Dental			
EE Only	\$719.89	\$655.10	\$64.79
EE + Child	\$1,303.30	\$1,186.00	\$117.30
EE + Spouse	\$1,488.99	\$1,354.98	\$134.01
EE + Children	\$1,791.25	\$1,630.04	\$161.21
Family	\$2,065.16	\$1,879.30	\$185.86
Option 6 - Kaiser w/ Kaiser Dental			
EE Only	\$741.77	\$675.01	\$66.76
EE + Child	\$1,337.78	\$1,217.38	\$120.40
EE + Spouse	\$1,528.35	\$1,390.80	\$137.55
EE + Children	\$1,868.64	\$1,700.46	\$168.18
Family	\$2,154.45	\$1,960.55	\$193.90

2019 Rate Schedule - Medical Only

Full-time TPOA 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	\$605.09	\$59.84
EE + Child	\$1,219.31	\$1,109.57	\$109.74
EE + Spouse	\$1,392.97	\$1,267.60	\$125.37
EE + Children	\$1,644.66	\$1,496.64	\$148.02
Family	\$1,896.15	\$1,725.50	\$170.65

2019 Rate Schedule - Dental Only

Full-time TPOA 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	\$69.92	\$6.92
EE + Child	\$118.47	\$107.81	\$10.66
EE + Spouse	\$135.38	\$123.20	\$12.18
EE + Children	\$223.98	\$203.82	\$20.16
Family	\$258.30	\$235.05	\$23.25