

2024 Rate Schedule - Medical & Dental

SEIU, TPOA, Management/Non-rep and Council Employees

(Based on Monthly Premium Costs)

Weekly Hours Worked Cost Share		30-40 Hours 90/10		20-29 Hours 50/50	
Plan Selection	Monthly Premium	City Contribution	Employee Contribution	City Contribution	Employee Contribution
Regence Copay F w/ Delta Dental					
Employee Only	\$810.17	\$729.15	\$81.02	\$405.09	\$405.09
Employee + Child	\$1,484.58	\$1,336.12	\$148.46	\$742.29	\$742.29
Employee + Spouse	\$1,696.79	\$1,527.11	\$169.68	\$848.40	\$848.40
Employee + Children	\$2,017.82	\$1,816.04	\$201.78	\$1,008.91	\$1,008.91
Family	\$2,327.42	\$2,094.68	\$232.74	\$1,163.71	\$1,163.71
Regence Copay F w/ Willamette Dental					
Employee Only	\$812.89	\$731.60	\$81.29	\$406.45	\$406.45
Employee + Child	\$1,488.99	\$1,340.09	\$148.90	\$744.50	\$744.50
Employee + Spouse	\$1,701.83	\$1,531.65	\$170.18	\$850.92	\$850.92
Employee + Children	\$2,025.84	\$1,823.26	\$202.58	\$1,012.92	\$1,012.92
Family	\$2,336.66	\$2,102.99	\$233.67	\$1,168.33	\$1,168.33
Regence Copay F w/ Kaiser Dental 2					
Employee Only	\$826.04	\$743.44	\$82.60	\$413.02	\$413.02
Employee + Child	\$1,510.01	\$1,359.01	\$151.00	\$755.01	\$755.01
Employee + Spouse	\$1,725.83	\$1,553.25	\$172.58	\$862.92	\$862.92
Employee + Children	\$2,078.11	\$1,870.30	\$207.81	\$1,039.06	\$1,039.06
Family	\$2,396.91	\$2,157.22	\$239.69	\$1,198.46	\$1,198.46
Regence Copay F w/ Kaiser Dental 1					
Employee Only	\$833.22	\$749.90	\$83.32	\$416.61	\$416.61
Employee + Child	\$1,521.09	\$1,368.98	\$152.11	\$760.55	\$760.55
Employee + Spouse	\$1,738.49	\$1,564.64	\$173.85	\$869.25	\$869.25
Employee + Children	\$2,099.12	\$1,889.21	\$209.91	\$1,049.56	\$1,049.56
Family	\$2,421.15	\$2,179.04	\$242.12	\$1,210.58	\$1,210.58

Kaiser Copay B w/ Delta Dental					
Employee Only	\$889.81	\$800.83	\$88.98	\$444.91	\$444.91
Employee + Child	\$1,614.57	\$1,453.11	\$161.46	\$807.29	\$807.29
Employee + Spouse	\$1,844.55	\$1,660.10	\$184.46	\$922.28	\$922.28
Employee + Children	\$2,210.94	\$1,989.85	\$221.09	\$1,105.47	\$1,105.47
Family	\$2,549.17	\$2,294.25	\$254.92	\$1,274.59	\$1,274.59
Kaiser Copay B w/ Willamette Dental					
Employee Only	\$892.53	\$803.28	\$89.25	\$446.27	\$446.27
Employee + Child	\$1,618.98	\$1,457.08	\$161.90	\$809.49	\$809.49
Employee + Spouse	\$1,849.59	\$1,664.63	\$184.96	\$924.80	\$924.80
Employee + Children	\$2,218.96	\$1,997.06	\$221.90	\$1,109.48	\$1,109.48
Family	\$2,558.41	\$2,302.57	\$255.84	\$1,279.21	\$1,279.21
Kaiser Copay B w/ Kaiser Dental 2	All Others				
Employee Only	\$905.68	\$815.11	\$90.57	\$452.84	\$452.84
Employee + Child	\$1,640.00	\$1,476.00	\$164.00	\$820.00	\$820.00
Employee + Spouse	\$1,873.59	\$1,686.23	\$187.36	\$936.80	\$936.80
Employee + Children	\$2,271.23	\$2,044.11	\$227.12	\$1,135.62	\$1,135.62
Family	\$2,618.66	\$2,356.79	\$261.87	\$1,309.33	\$1,309.33
Kaiser Copay B w/ Kaiser Dental 1	TPOA Only				
Employee Only	\$912.86	\$821.57	\$91.29	\$456.43	\$456.43
Employee + Child	\$1,651.08	\$1,485.97	\$165.11	\$825.54	\$825.54
Employee + Spouse	\$1,886.25	\$1,697.63	\$188.63	\$943.13	\$943.13
Employee + Children	\$2,292.24	\$2,063.02	\$229.22	\$1,146.12	\$1,146.12
Family	\$2,642.90	\$2,378.61	\$264.29	\$1,321.45	\$1,321.45

2024 Rate Schedule - Medical Only
SEIU, TPOA, Management/Non-rep and Council Employees
 (Based on Monthly Premium Costs)

Weekly Hours Worked Cost Share		30-40 Hours 90/10		20-29 Hours 50/50	
Plan Selection	Monthly Premium	City Contribution	Employee Contribution	City Contribution	Employee Contribution
Regence Copay F					
Employee Only	\$754.21	\$678.79	\$75.42	\$377.11	\$377.11
Employee + Child	\$1,399.34	\$1,259.41	\$139.93	\$699.67	\$699.67
Employee + Spouse	\$1,599.36	\$1,439.42	\$159.94	\$799.68	\$799.68
Employee + Children	\$1,869.44	\$1,682.50	\$186.94	\$934.72	\$934.72
Family	\$2,156.26	\$1,940.63	\$215.63	\$1,078.13	\$1,078.13
Kaiser Copay B					
Employee Only	\$833.85	\$750.47	\$83.39	\$416.93	\$416.93
Employee + Child	\$1,529.33	\$1,376.40	\$152.93	\$764.67	\$764.67
Employee + Spouse	\$1,747.12	\$1,572.41	\$174.71	\$873.56	\$873.56
Employee + Children	\$2,062.56	\$1,856.30	\$206.26	\$1,031.28	\$1,031.28
Family	\$2,378.01	\$2,140.21	\$237.80	\$1,189.01	\$1,189.01

2024 Rate Schedule - Dental Only
SEIU, TPOA, Management/Non-rep and Council Employees
(Based on Monthly Premium Costs)

Weekly Hours Worked Cost Share		30-40 Hours 90/10		20-29 Hours 50/50	
Plan Selection	Monthly Premium	City Contribution	Employee Contribution	City Contribution	Employee Contribution
Delta Dental					
Employee Only	\$55.96	\$50.36	\$5.60	\$27.98	\$27.98
Employee + Child	\$85.24	\$76.72	\$8.52	\$42.62	\$42.62
Employee + Spouse	\$97.43	\$87.69	\$9.74	\$48.72	\$48.72
Employee + Children	\$148.38	\$133.54	\$14.84	\$74.19	\$74.19
Family	\$171.16	\$154.04	\$17.12	\$85.58	\$85.58
Willamette Dental					
Employee Only	\$58.68	\$52.81	\$5.87	\$29.34	\$29.34
Employee + Child	\$89.65	\$80.69	\$8.97	\$44.83	\$44.83
Employee + Spouse	\$102.47	\$92.22	\$10.25	\$51.24	\$51.24
Employee + Children	\$156.40	\$140.76	\$15.64	\$78.20	\$78.20
Family	\$180.40	\$162.36	\$18.04	\$90.20	\$90.20
Kaiser Dental 2 - ALL OTHERS					
Employee Only	\$71.83	\$64.65	\$7.18	\$35.92	\$35.92
Employee + Child	\$110.67	\$99.60	\$11.07	\$55.34	\$55.34
Employee + Spouse	\$126.47	\$113.82	\$12.65	\$63.24	\$63.24
Employee + Children	\$208.67	\$187.80	\$20.87	\$104.34	\$104.34
Family	\$240.65	\$216.59	\$24.07	\$120.33	\$120.33
Kaiser Dental 1- TPOA ONLY					
Employee Only	\$79.01	\$71.11	\$7.90	\$39.51	\$39.51
Employee + Child	\$121.75	\$109.58	\$12.18	\$60.88	\$60.88
Employee + Spouse	\$139.13	\$125.22	\$13.91	\$69.57	\$69.57
Employee + Children	\$229.68	\$206.71	\$22.97	\$114.84	\$114.84
Family	\$264.89	\$238.40	\$26.49	\$132.45	\$132.45