

Medical, Vision, and Dental Premiums (Part-time 0.50 to 0.749 FTE)

Effective July 1, 2023
AFSCME, Nonbargaining, and Police

Employee Only Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 106.42	\$ 106.42	\$ 212.84	\$ 638.51	\$ 851.35
MODA Vision	\$ 3.06	\$ 3.06	\$ 6.12	\$ 18.42	\$ 24.54
MODA Delta Dental	\$ 8.53	\$ 8.53	\$ 17.06	\$ 51.19	\$ 68.25
Willamette Dental	\$ 6.29	\$ 6.29	\$ 12.58	\$ 37.76	\$ 50.34

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 118.01	\$ 118.01	\$ 236.02
Medical, Vision & Willamette Dental	\$ 115.77	\$ 115.77	\$ 231.54

Employee & Spouse Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 229.15	\$ 229.15	\$ 458.30	\$ 1,374.94	\$ 1,833.24
MODA Vision	\$ 5.44	\$ 5.44	\$ 10.88	\$ 32.70	\$ 43.58
MODA Delta Dental	\$ 15.10	\$ 15.10	\$ 30.20	\$ 90.61	\$ 120.81
Willamette Dental	\$ 13.60	\$ 13.60	\$ 27.20	\$ 81.60	\$ 108.80

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 249.69	\$ 249.69	\$ 499.38
Medical, Vision & Willamette Dental	\$ 248.19	\$ 248.19	\$ 496.38

Employee & Child Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 187.94	\$ 187.94	\$ 375.88	\$ 1,127.64	\$ 1,503.52
MODA Vision	\$ 5.82	\$ 5.82	\$ 11.64	\$ 34.92	\$ 46.56
MODA Delta Dental	\$ 17.75	\$ 17.75	\$ 35.50	\$ 106.49	\$ 141.99
Willamette Dental	\$ 11.13	\$ 11.13	\$ 22.26	\$ 66.80	\$ 89.06

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 211.51	\$ 211.51	\$ 423.02
Medical, Vision & Willamette Dental	\$ 204.89	\$ 204.89	\$ 409.78

Employee & Family Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 308.54	\$ 308.54	\$ 617.08	\$ 1,851.28	\$ 2,468.36
MODA Vision	\$ 8.19	\$ 8.19	\$ 16.38	\$ 49.18	\$ 65.56
MODA Delta Dental	\$ 24.32	\$ 24.32	\$ 48.64	\$ 145.94	\$ 194.58
Willamette Dental	\$ 18.32	\$ 18.32	\$ 36.64	\$ 109.91	\$ 146.55

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 341.05	\$ 341.05	\$ 682.10
Medical, Vision & Willamette Dental	\$ 335.05	\$ 335.05	\$ 670.10

City pays approximately 75% of insurance premium for part-time AFSCME, APA, Nonbargaining employees (between 0.50 FTE and 0.749 FTE) and their dependents. Employees pay remaining 25% premium contribution.