

Medical, Vision, and Dental Premiums (0.75 FTE to Full time)

Effective July 1, 2023
Albany Police Association

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	\$ 21.28	\$ 21.28	\$ 42.56	\$ 808.79	\$ 851.35
MODA Vision	\$ 0.61	\$ 0.61	\$ 1.22	\$ 23.32	\$ 24.54
MODA Delta Dental	\$ 1.70	\$ 1.70	\$ 3.40	\$ 64.85	\$ 68.25
Willamette Dental	\$ 1.26	\$ 1.26	\$ 2.52	\$ 47.82	\$ 50.34

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 23.59	\$ 23.59	\$ 47.18
Medical, Vision & Willamette Dental	\$ 23.15	\$ 23.15	\$ 46.30

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	\$ 45.83	\$ 45.83	\$ 91.66	\$ 1,741.58	\$ 1,833.24
MODA Vision	\$ 1.08	\$ 1.08	\$ 2.16	\$ 41.42	\$ 43.58
MODA Delta Dental	\$ 3.02	\$ 3.02	\$ 6.04	\$ 114.77	\$ 120.81
Willamette Dental	\$ 2.72	\$ 2.72	\$ 5.44	\$ 103.36	\$ 108.80

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 49.93	\$ 49.93	\$ 99.86
Medical, Vision & Willamette Dental	\$ 49.63	\$ 49.63	\$ 99.26

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	\$ 37.59	\$ 37.59	\$ 75.18	\$ 1,428.34	\$ 1,503.52
MODA Vision	\$ 1.16	\$ 1.16	\$ 2.32	\$ 44.24	\$ 46.56
MODA Delta Dental	\$ 3.55	\$ 3.55	\$ 7.10	\$ 134.89	\$ 141.99
Willamette Dental	\$ 2.22	\$ 2.22	\$ 4.44	\$ 84.62	\$ 89.06

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 42.30	\$ 42.30	\$ 84.60
Medical, Vision & Willamette Dental	\$ 40.97	\$ 40.97	\$ 81.94

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	\$ 61.71	\$ 61.71	\$ 123.42	\$ 2,344.94	\$ 2,468.36
MODA Vision	\$ 1.63	\$ 1.63	\$ 3.26	\$ 62.30	\$ 65.56
MODA Delta Dental	\$ 1.66	\$ 1.66	\$ 3.32	\$ 191.28	\$ 194.58
Willamette Dental	\$ 1.66	\$ 1.66	\$ 3.32	\$ 143.25	\$ 146.55

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental*	\$ 65.00	\$ 65.00	\$ 130.00
Medical, Vision & Willamette Dental*	\$ 65.00	\$ 65.00	\$ 130.00

City pays approximately 95% of insurance premium for full-time APA employees and their dependents and employees pay 5% premium contribution.

*The employee-paid premium for MODA Delta Dental has been reduced by \$6.40 per month and Willamette Dental by \$4.00 per month for Employee & Family Coverage in order to maintain the maximum employee premium contribution of \$130.00 per month, per the collective bargaining agreement.