

2022

Firefighters		(Copay Plan E)			VSP-A			
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share	
EE only	1.70	732.77	51.05	8.49	794.01	794.01	0.00	
EE + child	1.70	1366.11	77.80	10.35	1454.26	1322.21	132.05	
EE + children	1.70	1817.75	135.41	18.46	1971.62	1736.10	235.52	
EE + spouse	1.70	1561.34	88.91	11.85	1662.10	1488.48	173.62	
EE + family	1.70	2096.58	156.19	21.34	2274.11	1978.09	296.02	

Unrepresented		(HDHP 4)			VSP-A			
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share	
EE only	1.16	579.63	51.05	8.49	640.33	640.33	0.00	
EE + child	1.16	1084.74	77.80	10.35	1174.05	1067.31	106.74	
EE + children	1.16	1477.79	135.41	18.46	1632.82	1434.32	198.50	
EE + spouse	1.16	1239.80	88.91	11.85	1341.72	1201.44	140.28	
EE + family	1.16	1704.46	156.19	21.34	1883.15	1634.59	248.56	

Police w/Dental II		(HDHP 1)			VSP-3			
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share	
EE only	1.70	597.75	51.05	8.65	659.15	659.15	0.00	
EE + child	1.70	1118.65	77.80	10.51	1208.66	1098.76	109.90	
EE + children	1.70	1524.01	135.41	18.75	1679.87	1475.73	204.14	
EE + spouse	1.70	1278.54	88.91	12.06	1381.21	1236.80	144.41	
EE + family	1.70	1757.78	156.19	21.69	1937.36	1681.72	255.64	

Police w/Willamette Dental					VSP-3			
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share	
EE only	1.70	597.75	63.16	8.65	671.26	671.26	0.00	
EE + child	1.70	1118.65	96.45	10.51	1227.31	1116.10	111.21	
EE + children	1.70	1524.01	168.32	18.75	1712.78	1504.48	208.30	
EE + spouse	1.70	1278.54	110.25	12.06	1402.55	1256.29	146.26	
EE + family	1.70	1757.78	194.04	21.69	1975.21	1714.42	260.79	

SEIU		Providence Choice	Delta Premier	VSP Plus	91%	9%	
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share
EE only	1.60	769.37	62.55	15.21	848.73	772.49	76.24
EE + child(ren)	1.60	1307.93	106.31	25.86	1441.70	1312.09	129.61
EE + spouse	1.60	1538.73	125.07	30.44	1695.84	1543.36	152.48
EE + family	1.60	2077.29	168.86	41.08	2288.83	2082.98	205.85

SEIU		Providence Statewide	Delta Premier	VSP Plus			
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share
EE only	1.60	897.36	62.55	15.21	976.72	772.49	204.23
EE + child(ren)	1.60	1525.52	106.31	25.86	1659.29	1312.09	347.20
EE + spouse	1.60	1794.74	125.07	30.44	1951.85	1543.36	408.49
EE + family	1.60	2422.89	168.86	41.08	2634.43	2082.98	551.45

SEIU		Moda Synergy	Delta Premier	VSP Plus			
Plan	Life	Medical	Dental	Vision	Total Cost	City Share	EE Share
EE only	1.60	769.09	62.55	15.21	848.45	772.49	75.96
EE + child(ren)	1.60	1307.43	106.31	25.86	1441.20	1312.09	129.11
EE + spouse	1.60	1538.16	125.07	30.44	1695.27	1543.36	151.91
EE + family	1.60	2076.52	168.86	41.08	2288.06	2082.98	205.08