

2023

Firefighters		(Copay Plan E)			VSP-A			
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>	
EE only	1.70	757.95	49.14	9.26	818.05	818.05	0.00	
EE + child	1.70	1413.10	74.87	11.29	1499.26	1363.02	136.24	
EE + children	1.70	1880.24	130.31	20.14	2030.69	1788.16	242.53	
EE + spouse	1.70	1615.02	85.57	12.93	1713.52	1534.43	179.09	
EE + family	1.70	2168.66	150.32	23.28	2342.26	2037.42	304.84	

Unrepresented		(HDHP 4)			VSP-A			
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>	
EE only	1.16	598.57	49.14	9.26	658.13	658.13	0.00	
EE + child	1.16	1120.24	74.87	11.29	1207.56	1097.67	109.89	
EE + children	1.16	1526.39	130.31	20.14	1678.00	1474.03	203.97	
EE + spouse	1.16	1280.35	85.57	12.93	1380.01	1235.63	144.38	
EE + family	1.16	1760.54	150.32	23.28	1935.30	1679.87	255.43	

Police w/Dental II		(HDHP 4)			VSP-A			
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>	
EE only	1.70	598.57	49.14	9.26	658.67	658.67	0.00	
EE + child	1.70	1120.24	74.87	11.29	1208.10	1098.21	109.89	
EE + children	1.70	1526.39	130.31	20.14	1678.54	1474.57	203.97	
EE + spouse	1.70	1280.35	85.57	12.93	1380.55	1236.17	144.38	
EE + family	1.70	1760.54	150.32	23.28	1935.84	1680.41	255.43	

Police w/Willamette Dental					VSP-A			
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>	
EE only	1.70	598.57	56.18	9.26	665.71	665.71	0.00	
EE + child	1.70	1120.24	85.83	11.29	1219.06	1108.39	110.67	
EE + children	1.70	1526.39	149.75	20.14	1697.98	1491.53	206.45	
EE + spouse	1.70	1280.35	98.11	12.93	1393.09	1247.61	145.48	
EE + family	1.70	1760.54	172.72	23.28	1958.24	1699.73	258.51	

SEIU		Providence Choice	Delta Premier	VSP Plus	91%	9%	
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>
EE only	1.60	810.75	62.31	15.56	890.22	810.24	79.98
EE + child(ren)	1.60	1378.27	105.90	26.46	1512.23	1376.27	135.96
EE + spouse	1.60	1621.49	124.59	31.14	1778.82	1618.87	159.95
EE + family	1.60	2189.02	168.21	42.02	2400.85	2184.92	215.93

SEIU		Providence Statewide	Delta Premier	VSP Plus			
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>
EE only	1.60	929.03	62.31	15.56	1008.50	810.24	198.26
EE + child(ren)	1.60	1579.35	105.90	26.46	1713.31	1376.27	337.04
EE + spouse	1.60	1858.07	124.59	31.14	2015.40	1618.87	396.53
EE + family	1.60	2508.39	168.21	42.02	2720.22	2184.92	535.30

SEIU		Moda Synergy	Delta Premier	VSP Plus			
<u>Plan</u>	<u>Life</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>	<u>Total Cost</u>	<u>City Share</u>	<u>EE Share</u>
EE only	1.60	827.06	62.31	15.56	906.53	810.24	96.29
EE + child(ren)	1.60	1405.99	105.90	26.46	1539.95	1376.27	163.68
EE + spouse	1.60	1654.12	124.59	31.14	1811.45	1618.87	192.58
EE + family	1.60	2233.07	168.21	42.02	2444.90	2184.92	259.98