



## 2025 Health Insurance Premium Monthly Rates and Contributions

Opt-Out	Opt-Out Incentive With proof of other qualifying insurance		Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
	Waive enrollment on medical, vision, and dental plans and earn City-paid HRAVEBA or HSA monthly contribution (pro-rated for part-time)		\$225.00	\$225.00	\$225.00	\$225.00	\$225.00	\$225.00
Medical Plan Options	Cigna HDHP & BOA HSA	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
	Enroll in HDHP and earn City-paid HSA Contribution Employee only (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$137.50	\$137.50	\$137.50	\$137.50	\$137.50	\$137.50
	Enroll in HDHP and earn City-paid HSA Contribution Employee + Dependent(s) (Pro-rated for part-time) IAFF and SPEU City contribution to HRAVEBA		\$275.00	\$275.00	\$275.00	\$275.00	\$275.00	\$275.00
	Employee Only	\$502.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Spouse/DP	\$1,005.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Child(ren)	\$955.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Employee + Family	\$1,458.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cigna PPO OAP	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
	Employee Only	\$987.73	\$49.39	\$49.39	\$49.39	\$49.39	\$49.39	\$65 per paycheck, \$130 per month for any combination of medical, vision, and dental plans
	Employee + Spouse/DP	\$1,975.40	\$98.77	\$98.77	\$98.77	\$98.77	\$98.77	
	Employee + Child(ren)	\$1,876.66	\$93.84	\$93.84	\$93.84	\$93.84	\$93.84	
	Employee + Family	\$2,864.33	\$143.22	\$143.22	\$143.22	\$143.22	\$143.22	
	Kaiser Permanente	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$825.98	\$41.30	\$41.30	\$41.30	\$41.30	\$41.30	
	Employee + Spouse/DP	\$1,652.00	\$82.60	\$82.60	\$82.60	\$82.60	\$82.60	
Employee + Child(ren)	\$1,569.38	\$78.47	\$78.47	\$78.47	\$78.47	\$78.47		
Employee + Family	\$2,395.40	\$119.77	\$119.77	\$119.77	\$119.77	\$119.77		
Vision Plan	Cigna Vision	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	
	Employee Only	\$18.42	\$0.93	\$0.93	\$0.93	\$0.93	\$0.93	\$0.00
	Employee + Spouse/DP	\$36.85	\$1.85	\$1.85	\$1.85	\$1.85	\$1.85	\$0.00
	Employee + Child(ren)	\$35.01	\$1.76	\$1.76	\$1.76	\$1.76	\$1.76	\$0.00
	Employee + Family	\$53.45	\$2.68	\$2.68	\$2.68	\$2.68	\$2.68	\$0.00
Dental Plan Options	Traditional Dental	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
	Employee Only	\$62.15	\$3.11	\$3.11	\$3.11	\$3.11	\$3.11	\$0.00
	Employee + Spouse/DP	\$124.29	\$6.22	\$6.22	\$6.22	\$6.22	\$6.22	\$0.00
	Employee + Child(ren)	\$118.08	\$5.91	\$5.91	\$5.91	\$5.91	\$5.91	\$0.00
	Employee + Family	\$180.21	\$9.02	\$9.02	\$9.02	\$9.02	\$9.02	\$0.00
	Incentive Dental	Total Premium	Unrepresented*	AFSCME*	IAFF	PCEA*	SCABU*	SPEU & SPEU-S *
	Employee Only	\$61.52	\$3.08	\$3.08	\$3.08	\$3.08	\$3.08	\$0.00
	Employee + Spouse/DP	\$123.00	\$6.15	\$6.15	\$6.15	\$6.15	\$6.15	\$0.00
	Employee + Child(ren)	\$116.85	\$5.85	\$5.85	\$5.85	\$5.85	\$5.85	\$0.00
	Employee + Family	\$178.35	\$8.92	\$8.92	\$8.92	\$8.92	\$8.92	\$0.00
	Willamette Dental	Total Premium	Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
	Employee Only	\$51.24	\$2.57	\$2.57	\$2.57	\$2.57	\$2.57	\$0.00
	Employee + Spouse/DP	\$102.32	\$5.12	\$5.12	\$5.12	\$5.12	\$5.12	\$0.00
Employee + Child(ren)	\$97.23	\$4.87	\$4.87	\$4.87	\$4.87	\$4.87	\$0.00	
Employee + Family	\$148.42	\$7.43	\$7.43	\$7.43	\$7.43	\$7.43	\$0.00	
			Unrepresented	AFSCME	IAFF	PCEA	SCABU	SPEU & SPEU-S
Employee premium contribution (Pro-rated for part-time employee)			0% HDHP; 5% all others					0% HDHP; \$130 month

\*Plan is closed to new enrollment for this employee group