

2023 Non-Represented Employee Benefits-at-a-Glance

Medical	Regence High Deductible	City pays 100% for employee; 90% for spouse/dependents
	Regence 250	City pays 80% for employee; 80% for spouse/dependents
Dental	AWC Delta Dental Plan E w/ Ortho IV	City pays 100% for employee; 90% for spouse dependents
	AWC Willamette \$15 Copay	City pays 100% for employee; 90% for spouse dependents
Vision	AWC VSP - \$0 Co-pay plan	City pays 100%
Life	\$50,000 Standard; \$200,000 Director	Provided by Standard Insurance through AWC
Deferred Comp	Optional for Employee; No Match	
Retirement	PERS 2 or 3	
Gym Membership	Up to \$40 Reimbursement for an individual membership to a healthclub facility (must attend 8X per month)	

\$1500 or \$3000 VEBA depending on employee only or family coverage

MEDICAL	Medical Opt-Out (incentive provided to employee)			
	Total Premium	Employee Share	Employee & Dependents	Spouse / Dependents
Regence HD Plan				
Active Employee	606.42	0.00	272.89	
Employee/Spouse	1220.26	61.38	521.49	248.61
Employee/1 Child	914.24	30.78	397.56	124.67
Employee/ 2+ Children	1166.26	55.98	499.62	226.74
Employee/Spouse/1 Child	1528.08	92.17	646.16	373.27
Employee/Spouse/2 Children	1780.12	117.37	748.24	475.35

DENTAL

Delta Dental with Ortho Rider	Total Premium	Employee Share
Employee	49.66	0.00
Employee + 1	93.38	4.37
Employee +2 or more	187.26	13.76

Wilamette Dental	Premiums	Employee Share
Employee	49.18	0.00
Employee + 1	94.84	4.57
Employee +2 or more	156.44	10.73

Regence 250 Plan	Total Premium	Employee Share
Active Employee	872.06	174.41
Employee/Spouse	1751.40	350.28
Employee/1 Child	1305.22	261.04
Employee/ 2+ Children	1663.35	332.67
Employee/Spouse/1 Child	2184.58	436.92
Employee/Spouse/2 Children	2542.72	508.54

VISION

Vision VSP	Premiums	Employee Share
Employee	10.96	0.00
Employee + 1	21.92	0.00
Employee +2 or more	32.88	0.00