



# 2024

## Benefit Cost Worksheet General Services

The City will pay 90% of the premium for medical and dental coverage. The employee pays the remaining 10% of the premium by payroll deduction irrespective of plans selected and tiers of coverage.

You do have the ability to OPT OUT of medical and/or dental.

<b><u>OPTIONS</u></b>	Employee Coverage	<b>Employee Cost Share</b>	Emp+Child Coverage	<b>Emp+Child Cost Share</b>	Emp+Children Coverage	<b>Emp+Children Cost Share</b>	Emp+Spouse Coverage	<b>Emp+Spouse Cost Share</b>	Emp+Family Coverage	<b>Emp+Family Cost Share</b>
<b>MEDICAL</b>										
Regence	739.16	\$ <b>73.92</b>	\$ 1,371.33	\$ <b>137.13</b>	\$ 1,832.19	\$ <b>183.22</b>	\$ 1,567.35	\$ <b>156.74</b>	\$ 2,113.28	\$ <b>211.33</b>
Kaiser	782.99	\$ <b>78.30</b>	\$ 1,436.03	\$ <b>143.60</b>	\$ 1,936.60	\$ <b>193.66</b>	\$ 1,640.51	\$ <b>164.05</b>	\$ 2,232.75	\$ <b>223.28</b>
<b>DENTAL</b>										
Delta	50.38	\$ <b>5.04</b>	\$ 77.58	\$ <b>7.76</b>	\$ 145.09	\$ <b>14.51</b>	\$ 88.70	\$ <b>8.87</b>	\$ 167.34	\$ <b>16.73</b>
Kaiser	76.65	\$ <b>7.67</b>	\$ 118.06	\$ <b>11.81</b>	\$ 222.54	\$ <b>22.25</b>	\$ 134.94	\$ <b>13.49</b>	\$ 256.64	\$ <b>25.66</b>
Willamette	58.68	\$ <b>5.87</b>	\$ 89.65	\$ <b>8.97</b>	\$ 156.40	\$ <b>15.64</b>	\$ 102.47	\$ <b>10.25</b>	\$ 180.40	\$ <b>18.04</b>

Enter your Cost Share medical premium election here:

\$ \_\_\_\_\_

Enter your Cost Share dental premium election here:

\$ \_\_\_\_\_

Add two lines together. This is your monthly pre-tax premium

\$