



2024 Benefit Cost Worksheet Police Representative

Description: The City will pay 100% of the premium for employee medical and dental coverage. Contributions for dependent coverage shall be shared with the City paying 90% of the premium and the employee paying 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.

<u>OPTIONS</u>	Employee Coverage	<i>Employee Cost Share</i>	Emp+Child Coverage	<i>Emp+Child Cost Share</i>	Emp+Children Coverage	<i>Emp+Children Cost Share</i>	Emp+Spouse Coverage	<i>Emp+Spouse Cost Share</i>	Emp+Family Coverage	<i>Emp+Family Cost Share</i>
MEDICAL										
Regence	739.16	\$ -	\$ 1,371.33	\$ 63.22	\$ 1,832.19	\$ 109.30	\$ 1,567.35	\$ 82.82	\$ 2,113.28	\$ 137.41
Kaiser	782.99	\$ -	\$ 1,436.03	\$ 65.30	\$ 1,936.60	\$ 115.36	\$ 1,640.51	\$ 85.75	\$ 2,232.75	\$ 144.98
DENTAL										
Delta	50.38	\$ -	\$ 77.58	\$ 2.72	\$ 145.09	\$ 9.47	\$ 88.70	\$ 3.83	\$ 167.34	\$ 11.70
Kaiser	76.65	\$ -	\$ 118.06	\$ 4.14	\$ 222.54	\$ 14.59	\$ 134.94	\$ 5.83	\$ 256.64	\$ 18.00
Willamette	58.68	\$ -	\$ 89.65	\$ 3.10	\$ 156.40	\$ 9.77	\$ 102.47	\$ 4.38	\$ 180.40	\$ 12.17

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

\$