

2022 Benefit Cost Worksheet

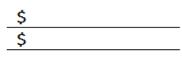
General Services

Contributions for dependent coverage shall be shared with the City paying 85% of the premium and the employee paying the remaining 15% 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.

OPTIONS	Employee	Empl	oyee	Emp+Child	Emp+Child		Emp+Children		Emp+Children		Emp+Spouse		Emp+Spouse		Emp+Family		Emp+Family	
MEDICAL	Coverage	Cost S	Share	Coverage	Cost Share		Coverage		Cost Share		Coverage		Cost Share		Coverage		Cost Share	
Regence	705.71	\$ 10	5.86	\$ 1,309.99	\$	196.50	\$	1,749.63	\$	262.44	\$	1,497.23	\$	224.58	\$	2,018.06	\$	302.71
Kaiser	692.81	\$ 10	3.92	\$ 1,270.27	\$	190.54	\$	1,713.17	\$	256.98	\$	1,451.22	\$	217.68	\$	1,975.64	\$	296.35
DENTAL																		
DENTAL			_															
Delta	50.38	\$	7.56	\$ 77.67	\$	11.65	\$	145.51	\$	21.83	\$	88.78	\$	13.32	\$	167.84	\$	25.18
Kaiser	82.58	\$ 1	2.39	\$ 127.30	\$	19.10	\$	240.31	\$	36.05	\$	145.48	\$	21.82	\$	277.15	\$	41.57
Willamette	55.31	\$	8.30	\$ 84.53	\$	12.68	\$	147.48	\$	22.12	\$	96.62	\$	14.49	\$	170.10	\$	25.52

Enter your Cost Share medical premium election here: Enter your Cost Share Dental premium election here:



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