

## 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>OPTIONS</b>	Employee	Employee		Emp+Child	Emp+Child		Emp+Children		Emp+Children		Emp+Spouse		Emp+Spouse		Emp+Family		Emp+Family	
MEDICAL	Coverage	Cost Share		Coverage	Cost Share		Coverage		Cost Share		Coverage		Cost Share		Coverage		Cost Share	
Regence	805.53	\$	80.55	\$ 1,494.78	\$	149.48	\$	1,996.83	\$	199.68	\$	1,708.38	\$	170.84	\$ :	2,303.21	\$	230.32
Kaiser	847.9	\$	84.79	\$ 1,555.00	\$	155.50	\$	2,097.20	\$	209.72	\$	1,776.46	\$	177.65	\$ :	2,417.93	\$	241.79
DENTAL																		
Delta	53.1	\$	5.31	\$ 81.78	\$	8.18	\$	153.07	\$	15.31	\$	93.50	\$	9.35	\$	176.54	\$	17.65
Kaiser	74.04	\$	7.40	\$ 114.06	\$	11.41	\$	215.00	\$	21.50	\$	130.38	\$	13.04	\$	247.94	\$	24.79
Willamette	58.68	\$	5.87	\$ 89.65	\$	8.97	\$	156.40	\$	15.64	\$	102.47	\$	10.25	\$	180.40	\$	18.04

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	\$