



## 2025 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>
<b>MEDICAL</b>										
Regence	805.53	\$ -	\$ 1,494.78	\$ 68.93	\$ 1,996.83	\$ 119.13	\$ 1,708.38	\$ 90.29	\$ 2,303.21	\$ 149.77
Kaiser	847.9	\$ -	\$ 1,555.00	\$ 70.71	\$ 2,097.20	\$ 124.93	\$ 1,776.46	\$ 92.86	\$ 2,417.93	\$ 157.00

<b>DENTAL</b>										
Delta	53.1	\$ -	\$ 81.78	\$ 2.87	\$ 153.07	\$ 10.00	\$ 93.50	\$ 4.04	\$ 176.54	\$ 12.34
Kaiser	74.04	\$ -	\$ 114.06	\$ 4.00	\$ 215.00	\$ 14.10	\$ 130.38	\$ 5.63	\$ 247.94	\$ 17.39
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 \$