

INDEPENDENT EMPLOYEES INSURANCE PLAN 2

Employees hired on or after January 1, 2013

INDEPENDENT EMPLOYEES 2017 MONTHLY PREMIUM RATES Effective: January 1, 2017						
Covered Individuals	Regence HealthFirst 250 Plan			Group Health Cooperative \$20 Co-Pay/\$200 Deductible Plan 2		
	City Pays	Employee Pays	Total Premium	City Pays	Employee Pays	Total Premium
Employee	\$ 500.10	\$ 170.95	\$ 671.05	\$ 500.10	\$ 26.32	\$ 526.42
Employee & Spouse	\$ 940.09	\$ 407.64	\$ 1,347.73	\$ 940.09	\$ 103.97	\$ 1,044.06
Employee, Spouse & 1 Child	\$ 1,164.60	\$ 516.48	\$ 1,681.08	\$ 1,164.60	\$ 143.59	\$ 1,308.19
Employee, Spouse & 2+ Children*	\$ 1,389.11	\$ 567.56	\$ 1,956.67	\$ 1,389.11	\$ 183.21	\$ 1,572.32
Employee & 1 Child	\$ 724.61	\$ 279.79	\$ 1,004.40	\$ 724.61	\$ 65.94	\$ 790.55
Employee & 2+ Children*	\$ 949.12	\$ 330.87	\$ 1,279.99	\$ 949.12	\$ 105.56	\$ 1,054.68

Note: Rates for regular, part-time employees eligible for benefits will be pro-rated based on employee's regular, part-time status. Please contact Payroll at 753-8221 for specific rate information.

BASIC DENTAL PLAN E w/ORTHO PLAN 3 & VISION 2017 MONTHLY PREMIUM RATES Effective: January 1, 2017						
Covered Individuals	Basic Dental Plan E w/Ortho Plan 3			Vision Service Plan \$25 Deductible		
	City Pays	Employee Pays	Total Premium	City Pays	Employee Pays	Total Premium
Employee	\$ 49.92	\$ -	\$ 49.92	\$ 7.96	\$ -	\$ 7.96
Employee & Spouse	\$ 93.58	\$ -	\$ 93.58	\$ 15.92	\$ -	\$ 15.92
Employee, Spouse & 1 Child	\$ 170.65	\$ -	\$ 170.65	\$ 23.88	\$ -	\$ 23.88
Employee, Spouse & 2+ Children*	\$ 170.65	\$ -	\$ 170.65	\$ 23.88	\$ -	\$ 23.88
Employee & 1 Child	\$ 93.58	\$ -	\$ 93.58	\$ 15.92	\$ -	\$ 15.92
Employee & 2+ Children*	\$ 170.65	\$ -	\$ 170.65	\$ 23.88	\$ -	\$ 23.88

*** NOTE: No additional charge for three or more dependents**