

City of Vancouver
2024 FULL TIME MONTHLY HEALTH INSURANCE PREMIUMS
Non-Union, JLC, AFSCME, Fire Dept Guild, Directors, and Council

Due to rounding some figures may be off \$.01; rates prorated by FTE

Insurance Options:	Total Cost	City Monthly Contribution	Additional One Time 2024 City Contribution	Employee Monthly Premium	Employee Monthly Premium Increase (from 2023)
Regence PPO w/ VSP vision					
Employee & Children	\$1,723.03	\$1,465.42	\$60.83	\$257.61	\$0.00
Employee & Spouse	\$2,010.08	\$1,695.10	\$70.97	\$314.98	\$0.00
Employee Only	\$956.55	\$852.33	\$33.75	\$104.22	\$0.00
Family	\$2,776.01	\$2,308.04	\$98.01	\$467.97	\$0.00
Regence PPO High-Deductible w/ VSP vision**					
Employee & Children	\$1,366.28	\$1,208.85	\$48.01	\$157.43	\$0.00
Employee & Spouse	\$1,593.99	\$1,410.27	\$56.02	\$183.72	\$0.00
Employee Only	\$758.88	\$671.41	\$26.66	\$87.47	\$0.00
Family	\$2,201.27	\$1,947.56	\$77.37	\$253.71	\$0.00
Kaiser					
Employee & Children	\$1,553.26	\$1,230.07	\$77.67	\$323.19	\$81.80
Employee & Spouse	\$1,725.74	\$1,358.87	\$86.28	\$366.87	\$90.89
Employee Only	\$862.83	\$714.54	\$43.14	\$148.29	\$45.45
Family	\$2,588.99	\$2,003.52	\$129.45	\$585.47	\$136.34
Kaiser High-Deductible**					
Employee & Children	\$1,070.93	\$893.20	\$53.54	\$177.73	\$48.88
Employee & Spouse	\$1,188.39	\$991.07	\$59.42	\$197.32	\$54.24
Employee Only	\$594.43	\$495.74	\$29.72	\$98.69	\$27.13
Family	\$1,782.82	\$1,486.84	\$89.14	\$295.98	\$81.37

Non-Union Dental				
	Basic Dental (Total Cost)	City's Monthly Contribution	Basic Dental Employee's Monthly Premium Cost	Buy-up Dental* (Employee Cost if buy-up elected)
Delta Dental				
Employee & Children	\$123.76	\$123.76	\$0.00	\$6.56
Employee & Spouse	\$94.82	\$94.82	\$0.00	\$5.03
Employee Only	\$53.67	\$53.67	\$0.00	\$2.86
Family	\$164.89	\$164.89	\$0.00	\$8.75

* Dental Buy-up requires a 3-year commitment - must be on this plan 3 years (as long as you are still eligible for benefits)

Union Dental				
	Union Basic Dental (Total Cost)	City's Monthly Contribution	Basic Dental Employee's Monthly Premium Cost	Union Buy-up Dental* (Employee Cost if buy-up elected)
Delta Dental				
Employee & Children	\$126.22	\$126.22	\$0.00	\$6.70
Employee & Spouse	\$96.73	\$96.73	\$0.00	\$5.11
Employee Only	\$54.75	\$54.75	\$0.00	\$2.92
Family	\$168.16	\$168.16	\$0.00	\$8.92

* Dental Buy-up requires a 3-year commitment - must be on this plan 3 years (as long as you are still eligible for benefits)

	Total Cost	City's Monthly Contribution	Employee's Monthly Premium Cost
Kaiser Dental			
Employee & Children	\$100.10	\$100.10	\$0.00
Employee & Spouse	\$111.22	\$111.22	\$0.00
Employee Only	\$55.61	\$55.61	\$0.00
Family	\$166.83	\$166.83	\$0.00

2024 Opt-Out: \$431.42/month (taxable income to employee)

OPEIU member benefits are provided through your union and have different rates. Please contact union with questions.

Fire Suppression and Fire Command benefits provided through your Union and have different rates. Please reach out to union with questions.

Domestic Partner (DP) Calculation: Employees will be taxed on the additional cost to cover a domestic partner (taxable income to employee)

Imputed Income Calculation based off Total Cost of plan: Employee + Spouse/Domestic Partner: \$2,010.08 – Employee Only: \$956.55 = \$1,053.53* (imputed taxes per month for Regence with VSP). This example applies to any plan in which you add your DP (medical/vision, dental). In addition to paying a premium to have your DP on your plan(s), you will also be taxed on imputed income.

** To qualify for a High Deductible Plan you may not: be enrolled in Medicare, Tricare/Tricare Life, covered by medical benefits from the Veterans Administration or other traditional medical plan (i.e. spouse's insurance), be claimed on someone's tax returns or be contributing to a Medical FSA/HRA.

