2017

Firefighters (Copay Plan A)

Plan	Medical	Life	Dental	Vision	Total Cost	City Share	EE Share
EE only	623.82	1.61	49.95	8.41	683.79	683.79	0.00
EE + child	1164.80	1.61	76.73	10.58	1253.72	1139.73	113.99
EE + spouse	1328.99	1.61	87.23	12.02	1429.85	1280.64	149.21
EE + children	1549.97	1.61	131.95	18.81	1702.34	1498.63	203.71
EE + family	1784.54	1.61	151.57	21.57	1959.29	1704.19	255.10

Unrepresented

Plan	Medical	Life	Dental	Vision	Total Cost	City Share	EE Share
EE only	505.58	1.61	49.95	8.41	565.55	565.55	0.00
EE + child	948.20	1.61	76.73	10.58	1037.12	942.81	94.31
EE + spouse	1081.25	1.61	87.23	12.02	1182.11	1058.80	123.31
EE + children	1292.37	1.61	131.95	18.81	1444.74	1268.90	175.84
EE + family	1487.16	1.61	151.57	21.57	1661.91	1442.64	219.27

Police w/Dental II

Plan	Medical	Life	Dental	Vision	Total Cost	City Share	EE Share
EE only	505.58	1.61	49.95	8.41	565.55	565.55	0.00
EE + child	948.20	1.61	76.73	10.58	1037.12	942.81	94.31
EE + spouse	1081.25	1.61	87.23	12.02	1182.11	1058.80	123.31
EE + children	1292.37	1.61	131.95	18.81	1444.74	1268.90	175.84
EE + family	1487.16	1.61	151.57	21.57	1661.91	1442.64	219.27

Police w/Willamette Dental

Plan	Medical	Life	Dental	Vision	Total Cost	City Share	EE Share
EE only	505.58	1.61	50.53	8.41	566.13	566.13	0.00
EE + child	948.20	1.61	77.85	10.58	1038.24	943.82	94.42
EE + spouse	1081.25	1.61	88.50	12.02	1183.38	1059.93	123.45
EE + children	1292.37	1.61	134.29	18.81	1447.08	1270.89	176.19
EE + family	1487.16	1.61	154.23	21.57	1664.57	1444.88	219.69

SEIU

Plan	Medical	Life	Dental	Vision	Total Cost	City Share	EE Share
EE only	507.65	1.61	49.95	10.42	569.63	569.63	0.00
EE + child	952.15	1.61	76.73	13.06	1043.55	946.13	97.42
EE + spouse	1085.70	1.61	87.23	14.86	1189.40	1061.01	128.39
EE + children	1297.90	1.61	131.95	23.23	1454.69	1264.87	189.82
EE + family	1493.43	1.61	151.57	26.67	1673.28	1436.30	236.98