

# 2024 Teamsters Benefits-at-a-Glance

<b>Medical</b>	Regence High Deductible	City pays 100% for employee; 90% for spouse/dependents
	Regence 250	City pays 80% for employee; 80% for spouse/dependents
<b>Dental</b>	AWC Delta Dental Plan E w/ Ortho IV	City pays 100% for employee; 90% for spouse/dependents
	AWC Willamette \$15 Copay	City pays 100% for employee; 90% for spouse/dependents
<b>Vision</b>	AWC VSP - \$0 Co-pay plan	City pays 100%
<b>Life</b>	\$20,000	Provided by Standard Insurance through AWC
<b>Deferred Comp</b>	No Match	
<b>Retirement</b>	PERS 2 or 3	
<b>Teamsters Pension</b>	\$1.10/hour worked paid by employee	
<b>Gym Membership</b>	Up to \$40 Reimbursement for an individual membership to a healthclub facility (must attend 8X per month)	

*\$1500 or \$3000 HRA depending on employee only or family coverage*

## MEDICAL

			Medical Opt-Out (incentive paid to employee)	
Regence HD Plan	Premiums	Employee Share	Employee & Dependents	Spouse / Dependents
Active Employee	631.28	0.00	284.08	
Employee/Spouse	1270.32	63.90	542.89	258.81
Employee/1 Child	951.72	32.04	413.85	129.78
Employee/ 2+ Children	1214.10	58.28	520.12	236.04
Employee/Spouse/1 Child	1590.76	95.95	672.67	388.59
Employee/Spouse/2 Children	1853.12	122.18	778.92	494.85

Regence 250 Plan	Premiums	Employee Share
Active Employee	907.82	181.56
Employee/Spouse	1823.22	364.64
Employee/1 Child	1358.76	271.75
Employee/ 2+ Children	1731.58	346.32
Employee/Spouse/1 Child	2274.16	454.83
Employee/Spouse/2 Children	2646.98	529.40

## DENTAL

Delta Dental with Ortho Rider	Premiums	Employee Share
Employee	49.66	0.00
Employee + 1	93.38	4.37
Employee +2 or more	187.26	13.76

Wilamette Dental	Premiums	Employee Share
Employee	49.18	0.00
Employee + 1	94.84	4.57
Employee +2 or more	156.44	10.73

Vision VSP (excludes fire)	Premiums	Employee Share
Employee	10.96	0.00
Employee + 1	21.92	0.00
Employee +2 or more	32.88	0.00