

# 2025 Non-Represented Employee 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>	\$50,000 Standard; \$200,000 Director	Provided by Standard Insurance through AWC
<b>Deferred Comp</b>	Optional for Employee; No Match	
<b>Retirement</b>	PERS 2 or 3	
<b>Gym Membership</b>	Up to \$40 Reimbursement for an individual membership to a healthclub facility (must attend 8X per month)	

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

<b>MEDICAL</b>	<b>Medical Opt-Out (incentive provided to employee)</b>			
	Total Premium	Employee Share	Employee & Dependents	Spouse / Dependents
<b>Regence HD Plan</b>				
Active Employee	663.82	0.00	298.72	
Employee/Spouse	1335.80	67.20	570.87	272.15
Employee/1 Child	1000.78	33.70	435.19	136.47
Employee/ 2+ Children	1276.68	61.29	546.93	248.21
Employee/Spouse/1 Child	1672.76	100.89	707.34	408.62
Employee/Spouse/2 Children	1948.66	128.48	819.08	520.36

## DENTAL

<b>Delta Dental with Ortho Rider</b>	Total Premium	Employee Share
Employee	49.66	0.00
Employee + 1	93.38	4.37
Employee +2 or more	187.26	13.76

<b>Wilamette Dental</b>	Total Premium	Employee Share
Employee	52.60	0.00
Employee + 1	101.42	4.88
Employee +2 or more	167.28	11.47

<b>Regence 250 Plan</b>	Total Premium	Employee Share
Active Employee	954.62	190.92
Employee/Spouse	1917.22	383.44
Employee/1 Child	1428.82	285.76
Employee/ 2+ Children	1820.84	364.17
Employee/Spouse/1 Child	2391.40	478.28
Employee/Spouse/2 Children	2783.44	556.69

## VISION

<b>Vision VSP</b>	Total Premium	Employee Share
Employee	10.96	0.00
Employee + 1	21.92	0.00
Employee +2 or more	32.88	0.00