

2025 Commissioned Police Benefits-at-a-Glance

Medical	Regence High Deductible	City pays 100% for employee; 90% for spouse/dependents
	Regence 250	The employee pays the difference in premiums between the high deductible plan (including the VEBA contribution) and the 250 deductible plan.
Dental	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
Vision	AWC VSP - \$0 Co-pay plan	City pays 100%
Life	\$50,000 (revised 7/1/2023)	Provided by Standard Insurance through AWC
Deferred Comp	City Match up to 3%	
Retirement	LEOFF II	
Gym Membership	Up to \$40 reimbursement for an individual membership to a healthclub facility (must attend 8 times per month)	

\$1500 or \$3000 Notional HRA provided to employee depending on employee only or family coverage for HD plan

MEDICAL			Medical Opt-Out (incentive paid to employee)	
Regence HD Plan	Premiums	Employee Share	Employee & Dependents	Spouse / Dependents
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

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

Willamette Dental	Premiums	Employee Share
Employee	52.6	0.00
Employee + 1	101.42	4.88
Employee +2 or more	167.28	11.47

MEDICAL

Regence 250 Plan	Premiums	Employee Share
Active Employee	954.62	165.80
Employee/Spouse	1917.22	331.42
Employee/1 Child	1428.22	177.44
Employee/ 2+ Children	1820.84	294.16
Employee/Spouse/1 Child	2391.40	468.64
Employee/Spouse/2 Children	2783.44	584.78

VISION

Vision VSP	Premiums	Employee Share
Employee	10.96	0.00
Employee + 1	21.92	0.00
Employee +2 or more	32.88	0.00