

CITY OF EUGENE



Benefit Premium Rates

Includes information on premium rates for the following programs:

Health Insurance

Life Insurance

Long-Term Disability

PERS/OPSRP

Excess Risk Insurance (Stop Loss)

Employee Assistance Program

City of Eugene

Health Insurance Premiums per Month

Effective July 1, 2020

Full-time Regular Employees

Non-Represented Employees (includes NR Limited Duration)

Non-Represented				<u>Deduction</u>	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$843.36	\$74.18	\$917.54	\$73.41	\$36.71
Two-Party	\$1,610.54	\$128.21	\$1,738.75	\$139.10	\$69.55
Family	\$2,234.07	\$188.32	\$2,422.39	\$193.80	\$96.90
City Managed Care Plan				<u>Deduction</u>	
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$675.42	\$74.18	\$749.60	\$59.97	\$29.99
Two-Party	\$1,392.22	\$128.21	\$1,520.43	\$121.64	\$60.82
Family	\$2,028.70	\$188.32	\$2,217.02	\$177.37	\$88.69
City Hybrid Plan				<u>Deduction</u>	
<u>City Hybrid Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$567.67	\$74.18	\$641.85	\$25.68	\$12.84
Two-Party	\$1,170.11	\$128.21	\$1,298.32	\$51.94	\$25.97
Family	\$1,705.05	\$188.32	\$1,893.37	\$75.74	\$37.87

AFSCME-Represented

(American Federation of State, County and Municipal Employees)

AFSCME-Represented				<u>Deduction</u>	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$852.64	\$73.75	\$926.39	\$74.12	\$37.06
Two-Party	\$1,628.31	\$127.46	\$1,755.77	\$140.47	\$70.24
Family	\$2,258.68	\$188.43	\$2,447.11	\$195.77	\$97.89
City Managed Care Plan				<u>Deduction</u>	
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$677.72	\$73.75	\$751.47	\$60.12	\$30.06
Two-Party	\$1,393.21	\$127.46	\$1,520.67	\$121.66	\$60.83
Family	\$2,030.54	\$188.43	\$2,218.97	\$177.52	\$88.76
City Hybrid Plan				<u>Deduction</u>	
<u>City Hybrid Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$567.67	\$73.75	\$641.42	\$25.66	\$12.83
Two-Party	\$1,170.11	\$127.46	\$1,297.57	\$51.91	\$25.96
Family	\$1,705.05	\$188.43	\$1,893.48	\$75.74	\$37.87

IATSE-Represented
(International Alliance of Theatrical Stage Employees)

IATSE-Represented				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$838.80	\$63.94	\$902.74	\$72.22	\$36.11
Two-Party	\$1,601.94	\$112.05	\$1,713.99	\$137.12	\$68.56
Family	\$2,222.09	\$166.94	\$2,389.03	\$191.13	\$95.57
City Managed Care Plan				Deduction	
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$653.71	\$63.94	\$717.65	\$57.42	\$28.71
Two-Party	\$1,347.49	\$112.05	\$1,459.54	\$116.77	\$58.39
Family	\$1,963.52	\$166.94	\$2,130.46	\$170.44	\$85.22
City Hybrid Plan				Deduction	
<u>City Hybrid Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$566.50	\$63.94	\$630.44	\$25.22	\$12.61
Two-Party	\$1,167.76	\$112.05	\$1,279.81	\$51.20	\$25.60
Family	\$1,701.59	\$166.94	\$1,868.53	\$74.75	\$37.38

EPEA-Represented
(Eugene Police Employees Association)

EPEA-Represented				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$842.43	\$69.85	\$912.28	\$45.62	\$22.81
Two-Party	\$1,608.93	\$122.24	\$1,731.17	\$86.56	\$43.28
Family	\$2,231.73	\$181.72	\$2,413.45	\$120.68	\$60.34
City Managed Care Plan				Deduction	
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$676.23	\$69.85	\$746.08	\$37.31	\$18.66
Two-Party	\$1,393.73	\$122.24	\$1,515.97	\$75.80	\$37.90
Family	\$2,030.84	\$181.72	\$2,212.56	\$110.63	\$55.32

IAFF-Represented
(International Association of Fire Fighters)

IAFF-Represented				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$845.51	\$66.68	\$912.19	\$45.61	\$22.81
Two-Party	\$1,616.37	\$116.77	\$1,733.14	\$86.66	\$43.33
Family	\$2,242.01	\$173.24	\$2,415.25	\$120.77	\$60.39

				Deduction	
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$699.56	\$66.68	\$766.24	\$38.32	\$19.16
Two-Party	\$1,437.94	\$116.77	\$1,554.71	\$77.74	\$38.87
Family	\$2,095.74	\$173.24	\$2,268.98	\$113.45	\$56.73

IAFF-Represented Battalion Chiefs
(International Association of Fire Fighters)

IAFF- Represented Battalion Chiefs				Deduction	
<u>City Health Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$833.12	\$73.14	\$906.26	\$45.32	\$22.66
Two-Party	\$1,590.99	\$126.59	\$1,717.58	\$85.88	\$42.94
Family	\$2,206.95	\$186.37	\$2,393.32	\$119.67	\$59.84

				Deduction	
<u>City Managed Care Plan</u>	<u>Medical</u>	<u>Dental/Vis</u>	<u>Total</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$666.48	\$73.14	\$739.62	\$36.99	\$18.50
Two-Party	\$1,373.80	\$126.59	\$1,500.39	\$75.02	\$37.51
Family	\$2,001.86	\$186.37	\$2,188.23	\$109.42	\$54.71

Part-Time, AFSCME Limited Duration and Recreation Activity Employees, Temporary Employees and Elected Officials

The grids on the following pages have information on deduction amounts per pay period for Non-represented, AFSCME-, IAFF- & EPEA- Represented employees at different work schedules, as well as for Temporary employees and Elected Officials. Amounts taken for health coverage will be considered as pre-tax “reductions” except in the case where the employee’s salary is not sufficient to take the deduction pre-tax, or where the employee is covering a Domestic Partner who is not a tax dependent.

Non-Represented Regular Part-Time and Limited Duration Employee Payroll Reductions Effective July 1, 2020

1. The payroll deduction for full-time Non-Represented limited duration employees, with or without dependent coverage, is 8% of the premium for the City Health Plan and the City Managed Care Plan, and 4% of the premium for the City Hybrid Plan.
2. The payroll deduction for part-time regular or limited duration employees electing employee-only coverage is 8% of the premium for the City Health Plan and the City Managed Care Plan, and 4% of the premium for the City Hybrid Plan.
3. Non-Represented part-time regular or limited duration employees opting for dependent coverage pay the cost as a payroll deduction, pro-rated to their standard hours in the payroll system, per the table below.
4. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
5. Employees may opt-out of coverage with proof of other health insurance.

HEALTH PLAN RATES			
<u>Non-Represented Employee Monthly Med/Dent/Vis Rates:</u>			
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
Individual	\$917.54 /mo.	\$749.60 /mo.	\$641.85 /mo.
Two Party	\$1,738.75 /mo.	\$1,520.43 /mo.	\$1,298.32 /mo.
Family	\$2,422.39 /mo.	\$2,217.02 /mo.	\$1,893.37 /mo.

EMPLOYEE PAYROLL DEDUCTIONS			
<u>Non-Represented Payroll deductions Per Pay Period:</u>			
<u>Work Schedule</u>	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
<u>20 - 23.9 hours/week (50% of premium):</u>			
Individual	\$36.71 /pay period	\$29.99 /pay period	\$12.84 /pay period
Two Party	\$434.69 /pay period	\$380.11 /pay period	\$324.58 /pay period
Family	\$605.60 /pay period	\$554.26 /pay period	\$473.34 /pay period
<u>24 - 31.9 hours/week (25% of premium):</u>			
Individual	\$36.71 /pay period	\$29.99 /pay period	\$12.84 /pay period
Two Party	\$217.34 /pay period	\$190.05 /pay period	\$162.29 /pay period
Family	\$302.80 /pay period	\$277.13 /pay period	\$236.67 /pay period
<u>32 - 40 hours/week (Same as full-time):</u>			
Individual	\$36.71 /pay period	\$29.99 /pay period	\$12.84 /pay period
Two Party	\$69.55 /pay period	\$60.82 /pay period	\$25.97 /pay period
Family	\$96.90 /pay period	\$88.69 /pay period	\$37.87 /pay period

AFSCME-Represented Regular Part-Time Employee Payroll Reductions

Effective July 1, 2020

1. The payroll deduction for part-time employees electing employee-only coverage is 8% of the premium for the City Health Plan and the City Managed Care Plan, and 4% of the premium for the City Hybrid Plan.
2. Dependent coverage is available. Employee pays the cost of dependent coverage as a payroll deduction, prorated to the employee's standard hours in the payroll system, per the schedule below.
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

HEALTH PLAN RATES

AFSCME-Represented Employee Monthly Med/Dent/Vis Rates:

	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
Individual	\$926.39 /mo.	\$751.47 /mo.	\$641.42 /mo.
Two Party	\$1,755.77 /mo.	\$1,520.67 /mo.	\$1,297.57 /mo.
Family	\$2,447.11 /mo.	\$2,218.97 /mo.	\$1,893.48 /mo.

EMPLOYEE PAYROLL DEDUCTIONS

AFSCME-Represented Payroll Deductions Per Pay Period:

<u>Work Schedule</u>	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
<u>20 - 23.9 hours/week (50% of premium):</u>			
Individual	\$37.06 /pay period	\$30.06 /pay period	\$12.83 /pay period
Two Party	\$438.95 /pay period	\$380.17 /pay period	\$324.40 /pay period
Family	\$611.78 /pay period	\$554.75 /pay period	\$473.37 /pay period
<u>24 - 31.9 hours/week (25% of premium):</u>			
Individual	\$37.06 /pay period	\$30.06 /pay period	\$12.83 /pay period
Two Party	\$219.48 /pay period	\$190.09 /pay period	\$162.20 /pay period
Family	\$305.89 /pay period	\$277.38 /pay period	\$236.69 /pay period
<u>32 - 40 hours/week (Same as full-time):</u>			
Individual	\$37.06 /pay period	\$30.06 /pay period	\$12.83 /pay period
Two Party	\$70.24 /pay period	\$60.83 /pay period	\$25.96 /pay period
Family	\$97.89 /pay period	\$88.76 /pay period	\$37.87 /pay period

AFSCME-Represented Limited Duration (LD) and Recreation Activity Employees (RAE) Employee Payroll Reductions: Effective July 1, 2020

1. The payroll deduction for AFSCME LD and RAE employee electing employee-only coverage is 8% of the premium for the City Health Plan and the City Managed Care Plan, and 4% of the premium for the City Hybrid Plan.
2. AFSCME LD and RAE employees may cover dependents by paying the entire cost of dependent care coverage (Two-Party or Family coverage less the Individual monthly amount).
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

HEALTH PLAN RATES

<u>AFSCME-Represented Employee Monthly Med/Dent/Vis Rates:</u>			
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
Individual	\$926.39 /mo.	\$751.47 /mo.	\$641.42 /mo.
Two Party	\$1,755.77 /mo.	\$1,520.67 /mo.	\$1,297.57 /mo.
Family	\$2,447.11 /mo.	\$2,218.97 /mo.	\$1,893.48 /mo.

EMPLOYEE PAYROLL DEDUCTIONS

<u>AFSCME-Represented LD and RAE Payroll Deductions Per Pay Period:</u>			
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
Individual	\$37.06 / pay period	\$30.06 / pay period	\$12.83 / pay period
Two Party	\$451.75 / pay period	\$414.66 / pay period	\$340.91 / pay period
Family	\$797.42 / pay period	\$763.81 / pay period	\$638.86 / pay period

EPEA-Represented

Regular Part-Time Employee Payroll Reductions

Effective July 1, 2020

1. The payroll deduction for part-time employees electing employee-only coverage is 5% of the premium up to a \$52.00 monthly maximum.
2. Part-time employees opting for dependent coverage pay a percentage of the premium pro-rated to their standard hours in the payroll system, per the table below.
3. Payroll reductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

HEALTH PLAN RATES

<u>EPEA-Represented Employee Monthly Med/Dent/Vis Rates:</u>		
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>
Individual	\$912.28 /mo.	\$746.08 /mo.
Two Party	\$1,731.17 /mo.	\$1,515.97 /mo.
Family	\$2,413.45 /mo.	\$2,212.56 /mo.

EMPLOYEE PAYROLL DEDUCTIONS

EPEA-Represented Payroll deductions Per Pay Period:

<u>Work Schedule</u>	<u>City Health Plan</u>	<u>City Managed Care Plan</u>
<u>20 - 23.9 hours/week</u> (50% of Premium):		
Individual	\$22.81 /pay period	\$18.66 /pay period
Two Party	\$432.79 /pay period	\$378.99 /pay period
Family	\$603.36 /pay period	\$553.14 /pay period
<u>24 - 31.9 hours/week</u> (25% of Premium):		
Individual	\$22.81 /pay period	\$18.66 /pay period
Two Party	\$216.40 /pay period	\$189.50 /pay period
Family	\$301.68 /pay period	\$276.57 /pay period
<u>32 - 40 hours/week</u> (same as full-time):		
Individual	\$22.81 /pay period	\$18.66 /pay period
Two Party	\$43.28 /pay period	\$37.90 /pay period
Family	\$60.34 /pay period	\$55.32 /pay period

IAFF-Represented

Regular Part-Time Employee Payroll Reductions

Effective July 1, 2020

1. The payroll deduction for part-time employees electing employee-only coverage on the City Health Plan is 5% of the premium.
2. Part-time employees opting for dependent coverage pay the cost of the coverage pro-rated to their standard hours in the payroll system, per the table below.
3. Payroll deductions are taken on a pre-tax basis, except when covering Domestic Partners who are not tax dependents.
4. Employees may opt-out of coverage with proof of other health insurance.

HEALTH PLAN RATES

IAFF-Represented Employee Monthly Med/Dent/Vis Rates:		
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>
Individual	\$912.19 /mo.	\$766.24 /mo.
Two Party	\$1,733.14 /mo.	\$1,554.71 /mo.
Family	\$2,415.25 /mo.	\$2,268.98 /mo.

EMPLOYEE PAYROLL DEDUCTIONS

IAFF-Represented Part-Time Payroll deductions Per Pay Period:		
<u>Work Schedule</u>	<u>City Health Plan</u>	<u>City Managed Care Plan</u>
<u>20 - 23.9 hours/week (50% of Premium):</u>		
Individual	\$22.81 /pay period	\$19.16 /pay period
Two Party	\$433.29 /pay period	\$388.68 /pay period
Family	\$603.82 /pay period	\$567.25 /pay period
<u>24 - 31.9 hours/week (25% of Premium):</u>		
Individual	\$22.81 /pay period	\$19.16 /pay period
Two Party	\$216.65 /pay period	\$194.34 /pay period
Family	\$301.91 /pay period	\$283.63 /pay period
<u>32 - 40 hours/week (same as full-time):</u>		
Individual	\$22.81 /pay period	\$19.16 /pay period
Two Party	\$43.33 /pay period	\$38.87 /pay period
Family	\$60.39 /pay period	\$56.73 /pay period

Elected Officials

Mayor and Council Payroll Reductions

Effective July 1, 2020

1. City of Eugene Elected Officials receive a stipend and the option to purchase health insurance through the City. The plan design and costs are based on the Non-Represented employee group.
2. Elected Officials pay the entire cost of their health insurance coverage.
3. Payroll deductions are taken on a pre-tax basis if the stipend covers the amount, except when covering Domestic Partners who are not tax dependents.

<u>Elected Official Monthly Med/Dent/Vis Rates:</u>			
	<u>City Health Plan</u>	<u>City Managed Care Plan</u>	<u>City Hybrid Plan</u>
Individual	\$917.54 /mo.	\$749.60 /mo.	\$641.85 /mo.
Two Party	\$1,738.75 /mo.	\$1,520.43 /mo.	\$1,298.32 /mo.
Family	\$2,422.39 /mo.	\$2,217.02 /mo.	\$1,893.37 /mo.

Temporary Employees

City Temp Payroll Reductions

Effective July 1, 2020

1. City of Eugene Temporary Employees who qualify under provisions of the Affordable Care Act are eligible to purchase health coverage through the City. The plan design and costs are based on the Non-Represented employee group.
2. Eligible Temporary Employees pay the entire cost of their health coverage.
3. Premiums are deducted twice a month.
4. Payroll deductions are taken on a pre-tax basis. If the employee's salary is insufficient to cover the payroll deduction, payments must be made to the City on an after-tax basis.
5. Temporary Employees may opt-out of coverage without providing proof of other coverage.
6. Dependents eligible for coverage are biological or adopted children up to age 26.

<u>Temporary Employee Monthly Med/Dent/Vis Rates:</u>						
	<u>City Health Plan</u>		<u>City Managed Care Plan</u>		<u>City Hybrid Plan</u>	
	<u>Per Month</u>	<u>Per Pay Period</u>	<u>Per Month</u>	<u>Per Pay Period</u>	<u>Per Month</u>	<u>Per Pay Period</u>
Individual	\$917.54	\$458.77	\$749.60	\$374.80	\$641.85	\$320.93
Two Party	\$1,738.75	\$869.38	\$1,520.43	\$760.22	\$1,298.32	\$649.16
Family	\$2,422.39	\$1,211.20	\$2,217.02	\$1,108.51	\$1,893.37	\$946.69

Other Premiums and Cost Information Effective July 1, 2020

Life Insurance Premiums (through Standard Insurance Company)

Basic Life Insurance Premium (per \$1,000 of coverage)	\$.18
Accidental Death & Dismemberment (per \$1,000 of coverage)	\$.03
Total:	\$.21

Life Benefits:

<u>Group</u>	<u>Amount</u>
IAFF and IAFF-BC:	1 x annual salary plus EMT certification pay to \$200,000 max (AD&D = additional 1 x salary plus EMT certification pay to \$200,000 max)
EPEA:	2 x annual salary to \$160,000 max (AD&D = additional 2 x salary to \$160,000 max)
AFSCME Regular:	1 x annual salary - \$25,000 min/\$250,000 max (AD&D = additional 1 x salary - \$25,000 min/\$250,000 max)
AFSCME RAE:	Flat \$25,000 amount for basic (AD&D = additional \$25,000 amount)
Non-represented:	1 x annual salary \$25,000 min/\$250,000 max (AD&D = additional 1 x salary to \$25,000 min/\$250,000 max)
IATSE Regular:	Flat \$25,000 amount for basic (AD&D = additional \$25,000 amount)

Long Term Disability (LTD) Premiums

Covers Non-rep, EPEA-, IAFF-, IAFF-BC and AFSCME-represented employees working 20 hours/week or more.
Covers IATSE-represented as per most recent labor agreement.

Group	Premium	Benefit
AFSCME	.53% of insured payroll (up to \$7,500 monthly salary)	60% of insured salary up to \$4,500 per month
IATSE	.24% of insured payroll (up to \$5,000 monthly salary)	60% of insured salary up to \$3,000 per month
EPEA	.24% of insured payroll (up to \$6,000 monthly salary)	66% of insured salary up to \$3,960 per month
Non-rep	.24% of insured payroll (up to \$16,000 monthly salary)	60% of insured salary up to \$9,600 per month
IAFF	.58% of insured payroll (up to \$12,500 monthly salary)	60% of insured salary up to \$7,500 per month
IAFF-BC	.24% of insured payroll (up to \$12,500 monthly salary)	60% of insured salary up to \$7,500 per month
HAZMAT	.30% of insured payroll (up to \$5,000 monthly salary)	100% of insured salary up to \$5,000 per month

Calculating Premium as Percentage of Salary -- Example

To calculate the premium as a percentage of salary:

Life: Annual Salary (for EPEA: Annual X 2) / \$1,000 x .24 = monthly premium
(monthly premium/monthly salary = % of salary)

LTD: Monthly salary/100 x .24 (Non-Rep) or .53 (AFSCME) = monthly premium
alternate method: salary x .24% (or x .53%)
(monthly premium/monthly salary = % of salary)

Public Employees Retirement System (PERS)/Oregon Public Service Retirement Plan (OPSRP)

City-paid employer contribution:	Actuarially Determined
Employee Contribution into IAP - City-paid (AFSCME, NR, IATSE, EPEA)	6% of earnings
Employee Contribution into IAP - Employee-paid (IAFF and IAFF-BC)	6% of earnings

Stoploss Insurance Rates (\$250,000 in Deductible):

City Health Plan, City Managed Care Plan and City Hybrid Plan:
\$76.52 per employee per month

EAP (Employee Assistance Program) through Direction for Employee Assistance:

Premium is \$3.31 per eligible employee per month