

City of Eugene

Health Insurance Continuation Premium Rates

Effective July 1, 2019

Continuee/Retiree Monthly Insurance Premium Rates
(Rates Include a 2% Administration Fee)

Non-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$860.23	\$935.90
Two-Party	\$1,642.76	\$1,773.54
Family	\$2,278.76	\$2,470.85

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$688.93	\$764.60
Two-Party	\$1,420.07	\$1,550.85
Family	\$2,069.28	\$2,261.37

<u>City Hybrid Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$579.03	\$654.70
Two-Party	\$1,193.52	\$1,324.30
Family	\$1,739.16	\$1,931.25

IATSE-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$855.58	\$920.80
Two-Party	\$1,633.98	\$1,748.28
Family	\$2,266.54	\$2,436.82

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$666.79	\$732.01
Two-Party	\$1,374.44	\$1,488.74
Family	\$2,002.80	\$2,173.08

<u>City Hybrid Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$577.83	\$643.05
Two-Party	\$1,191.12	\$1,305.42
Family	\$1,735.63	\$1,905.91

EPEA-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$859.28	\$930.53
Two-Party	\$1,641.11	\$1,765.80
Family	\$2,276.37	\$2,461.73

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$689.76	\$761.01
Two-Party	\$1,421.61	\$1,546.30
Family	\$2,071.46	\$2,256.82

IAFF-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$862.43	\$930.45
Two-Party	\$1,648.70	\$1,767.81
Family	\$2,286.86	\$2,463.57

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$713.56	\$781.58
Two-Party	\$1,466.70	\$1,585.81
Family	\$2,137.66	\$2,314.37

AFSCME-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$869.70	\$944.93
Two-Party	\$1,660.88	\$1,790.89
Family	\$2,303.86	\$2,496.06

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$691.28	\$766.51
Two-Party	\$1,421.08	\$1,551.09
Family	\$2,071.16	\$2,263.36

<u>City Hybrid Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$579.03	\$654.26
Two-Party	\$1,193.52	\$1,323.53
Family	\$1,739.16	\$1,931.36

IAFF-Represented Battalion Chiefs

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$849.79	\$924.40
Two-Party	\$1,622.81	\$1,751.94
Family	\$2,251.09	\$2,441.19

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$679.81	\$754.42
Two-Party	\$1,401.28	\$1,530.41
Family	\$2,041.90	\$2,232.00