

2022 COST SHARE BY GROUP

Police, IBEW Clerical, IBEW Electric, Non-represented-Management, APRC

City Cost Share: 90%

Employee Cost Share: 10%

Laborers

City Cost Share: 95%

Employee Cost Share: 5%

Non-Mgmt Fire

City Cost Share: 95%

Employee Cost Share: 5%

Council/Mayor

City Cost Share: 100%

Council Cost Share: 0%

2021 - 2022 Health Insurance Rates for City POLICE Employees



Police - (Grandfathered Plan) through 12/31/2021

Cost shown is for Medical, Dental and Vision Benefits. The employee share is deducted before taxes are calculated.

Effective 7/1/2021 - 12/31/2021	Medical			Delta Dental III			EMPLOYEE COST	
	2021 Premium 100%	City 92.5%	Employee 7.5%	2021 Premium 100%	City 92.5%	Employee 7.5%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$758.41	\$701.53	\$56.88	\$55.18	\$51.04	\$4.14	\$61.02	\$30.51
Employee & Spouse	\$1,610.33	\$1,489.56	\$120.77	\$96.11	\$88.90	\$7.21	\$127.98	\$63.99
Employee & Child	\$1,405.94	\$1,300.49	\$105.45	\$84.08	\$77.77	\$6.31	\$111.75	\$55.88
Employee & Children	\$1,880.86	\$1,739.80	\$141.06	\$146.41	\$135.43	\$10.98	\$152.05	\$76.02
Employee & Family	\$2,169.46	\$2,006.75	\$162.71	\$168.88	\$156.21	\$12.67	\$175.38	\$87.69

Effective 7/1/2021 - 12/31/2021	Medical			Willamette Dental			EMPLOYEE COST	
	2021 Premium 100%	City 92.5%	Employee 7.5%	2021 Premium 100%	City 92.5%	Employee 7.5%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$758.41	\$701.53	\$56.88	\$57.04	\$52.76	\$4.28	\$61.16	\$30.58
Employee & Spouse	\$1,610.33	\$1,489.56	\$120.77	\$99.64	\$92.17	\$7.47	\$128.25	\$64.12
Employee & Child	\$1,405.94	\$1,300.49	\$105.45	\$87.17	\$80.63	\$6.54	\$111.98	\$55.99
Employee & Children	\$1,880.86	\$1,739.80	\$141.06	\$152.09	\$140.68	\$11.41	\$152.47	\$76.24
Employee & Family	\$2,169.46	\$2,006.75	\$162.71	\$175.43	\$162.27	\$13.16	\$175.87	\$87.93

Effective January 1, 2022 Police will be moved to the Non-Grandfathered Plan

Effective 01/01/2022 - 12/31/2022	Medical			Delta Dental III			EMPLOYEE COST	
	2022 Premium 100%	City 90%	Employee 10%	2022 Premium 100%	City 90%	Employee 10%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$673.06	\$74.79	\$56.50	\$50.85	\$5.65	\$80.44	\$40.22
Employee & Spouse	\$1,589.30	\$1,430.37	\$158.93	\$98.39	\$88.55	\$9.84	\$168.77	\$84.38
Employee & Child	\$1,390.27	\$1,251.24	\$139.03	\$86.08	\$77.47	\$8.61	\$147.64	\$73.82
Employee & Children	\$1,857.29	\$1,671.56	\$185.73	\$149.90	\$134.91	\$14.99	\$200.72	\$100.36
Employee & Family	\$2,142.58	\$1,928.32	\$214.26	\$172.90	\$155.61	\$17.29	\$231.55	\$115.77

Effective 01/01/2022 - 12/31/2022	Medical			Willamette Dental			EMPLOYEE COST	
	2022 Premium 100%	City 90%	Employee 10%	2022 Premium 100%	City 90%	Employee 10%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$673.06	\$74.79	\$56.44	\$50.80	\$5.64	\$80.43	\$40.21
Employee & Spouse	\$1,589.30	\$1,430.37	\$158.93	\$98.59	\$88.73	\$9.86	\$168.79	\$84.39
Employee & Child	\$1,390.27	\$1,251.24	\$139.03	\$86.26	\$77.63	\$8.63	\$147.65	\$73.83
Employee & Children	\$1,857.29	\$1,671.56	\$185.73	\$150.49	\$135.44	\$15.05	\$200.78	\$100.39
Employee & Family	\$2,142.58	\$1,928.32	\$214.26	\$173.57	\$156.21	\$17.36	\$231.62	\$115.81



City Employees with CIS Co-Pay F (Laborers)

Cost shown is for Medical, Dental and Vision Benefits. The employee share is deducted before taxes are calculated.

Effective 1/1/2022	Medical			Delta Dental III			EMPLOYEE COST	
	2022 Premium 100%	City 95%	Employee 5%	2022 Premium 100%	City 95%	Employee 5%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$710.46	\$37.39	\$56.50	\$53.68	\$2.83	\$40.22	\$20.11
Employee & Spouse	\$1,589.30	\$1,509.84	\$79.47	\$98.39	\$93.47	\$4.92	\$84.38	\$42.19
Employee & Child	\$1,390.27	\$1,320.76	\$69.51	\$86.08	\$81.78	\$4.30	\$73.82	\$36.91
Employee & Children	\$1,857.29	\$1,764.43	\$92.86	\$149.90	\$142.41	\$7.50	\$100.36	\$50.18
Employee & Family	\$2,142.58	\$2,035.45	\$107.13	\$172.90	\$164.26	\$8.65	\$115.77	\$57.89

Effective 1/1/2022	Medical			Willamette Dental			EMPLOYEE COST	
	2022 Premium 100%	City 95%	Employee 5%	2022 Premium 100%	City 95%	Employee 5%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$710.46	\$37.39	\$56.44	\$53.62	\$2.82	\$40.21	\$20.11
Employee & Spouse	\$1,589.30	\$1,509.84	\$79.47	\$98.59	\$93.66	\$4.93	\$84.39	\$42.20
Employee & Child	\$1,390.27	\$1,320.76	\$69.51	\$86.26	\$81.95	\$4.31	\$73.83	\$36.91
Employee & Children	\$1,857.29	\$1,764.43	\$92.86	\$150.49	\$142.97	\$7.52	\$100.39	\$50.19
Employee & Family	\$2,142.58	\$2,035.45	\$107.13	\$173.57	\$164.89	\$8.68	\$115.81	\$57.90

2022 Health Insurance Rates for City Employees



City Employees with CIS Co-Pay F (Non-Represented, IBEW Electrical, IBEW Clerical/Technical)

Cost shown is for Medical, Dental and Vision Benefits. The employee share is deducted before taxes are calculated.

Effective 1/1/2022	Medical			Delta Dental III			EMPLOYEE COST	
	2022 Premium 100%	City 90%	Employee 10%	2022 Premium 100%	City 90%	Employee 10%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$673.06	\$74.79	\$56.50	\$50.85	\$5.65	\$80.44	\$40.22
Employee & Spouse	\$1,589.30	\$1,430.37	\$158.93	\$98.39	\$88.55	\$9.84	\$168.77	\$84.38
Employee & Child	\$1,390.27	\$1,251.24	\$139.03	\$86.08	\$77.47	\$8.61	\$147.64	\$73.82
Employee & Children	\$1,857.29	\$1,671.56	\$185.73	\$149.90	\$134.91	\$14.99	\$200.72	\$100.36
Employee & Family	\$2,142.58	\$1,928.32	\$214.26	\$172.90	\$155.61	\$17.29	\$231.55	\$115.77

Effective 1/1/2022	Medical			Willamette Dental			EMPLOYEE COST	
	2022 Premium 100%	City 90%	Employee 10%	2022 Premium 100%	City 90%	Employee 10%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$673.06	\$74.79	\$56.44	\$50.80	\$5.64	\$80.43	\$40.21
Employee & Spouse	\$1,589.30	\$1,430.37	\$158.93	\$98.59	\$88.73	\$9.86	\$168.79	\$84.39
Employee & Child	\$1,390.27	\$1,251.24	\$139.03	\$86.26	\$77.63	\$8.63	\$147.65	\$73.83
Employee & Children	\$1,857.29	\$1,671.56	\$185.73	\$150.49	\$135.44	\$15.05	\$200.78	\$100.39
Employee & Family	\$2,142.58	\$1,928.32	\$214.26	\$173.57	\$156.21	\$17.36	\$231.62	\$115.81

2022 Health Insurance Rates for City FIRE Employees



Ashland Fire & Rescue - (Grandfathered Plan) through the end of their current contract

Cost shown is for Medical, Dental and Vision Benefits. The employee share is deducted before taxes are calculated.

Effective 1/1/2022	Medical			Delta Dental III			EMPLOYEE COST	
	2022 Premium 100%	City 95%	Employee 5%	2022 Premium 100%	City 95%	Employee 5%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$794.83	\$755.09	\$39.74	\$56.50	\$53.67	\$2.83	\$42.57	\$21.28
Employee & Spouse	\$1,687.91	\$1,603.51	\$84.40	\$98.39	\$93.47	\$4.92	\$89.32	\$44.66
Employee & Child	\$1,473.70	\$1,400.01	\$73.69	\$86.08	\$81.78	\$4.30	\$77.99	\$38.99
Employee & Children	\$1,971.21	\$1,872.65	\$98.56	\$149.90	\$142.40	\$7.50	\$106.06	\$53.03
Employee & Family	\$2,273.64	\$2,159.96	\$113.68	\$172.90	\$164.25	\$8.65	\$122.33	\$61.16

Effective 1/1/2022	Medical			Willamette Dental			EMPLOYEE COST	
	2022 Premium 100%	City 95%	Employee 5%	2022 Premium 100%	City 95%	Employee 5%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$794.83	\$755.09	\$39.74	\$64.45	\$61.23	\$3.22	\$42.96	\$21.48
Employee & Spouse	\$1,687.91	\$1,603.51	\$84.40	\$112.50	\$106.87	\$5.63	\$90.03	\$45.02
Employee & Child	\$1,473.70	\$1,400.01	\$73.69	\$98.42	\$93.50	\$4.92	\$78.61	\$39.30
Employee & Children	\$1,971.21	\$1,872.65	\$98.56	\$171.76	\$163.17	\$8.59	\$107.15	\$53.57
Employee & Family	\$2,273.64	\$2,159.96	\$113.68	\$198.00	\$188.10	\$9.90	\$123.58	\$61.79

2022 Health Insurance Rates for PARKS Employees



Parks & Recreation Employees with CIS Co-Pay F

Cost shown is for Medical, Dental and Vision Benefits. The employee share is deducted before taxes are calculated.

Effective 1/1/2022	Medical			Delta Dental III w/Ortho			EMPLOYEE COST	
	2022 Premium 100%	City 90%	Employee 10%	2022 Premium 100%	City 90%	Employee 10%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$673.06	\$74.79	\$58.26	\$52.43	\$5.83	\$80.61	\$40.31
Employee & Spouse	\$1,589.30	\$1,430.37	\$158.93	\$102.50	\$92.25	\$10.25	\$169.18	\$84.59
Employee & Child	\$1,390.27	\$1,251.24	\$139.03	\$89.66	\$80.69	\$8.97	\$147.99	\$74.00
Employee & Children	\$1,857.29	\$1,671.56	\$185.73	\$166.68	\$150.01	\$16.67	\$202.40	\$101.20
Employee & Family	\$2,142.58	\$1,928.32	\$214.26	\$192.25	\$173.02	\$19.23	\$233.48	\$116.74

Effective 1/1/2022	Medical			Willamette Dental			EMPLOYEE COST	
	2022 Premium 100%	City 90%	Employee 10%	2022 Premium 100%	City 90%	Employee 10%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$673.06	\$74.79	\$56.44	\$50.80	\$5.64	\$80.43	\$40.21
Employee & Spouse	\$1,589.30	\$1,430.37	\$158.93	\$98.59	\$88.73	\$9.86	\$168.79	\$84.39
Employee & Child	\$1,390.27	\$1,251.24	\$139.03	\$86.26	\$77.63	\$8.63	\$147.65	\$73.83
Employee & Children	\$1,857.29	\$1,671.56	\$185.73	\$150.49	\$135.44	\$15.05	\$200.78	\$100.39
Employee & Family	\$2,142.58	\$1,928.32	\$214.26	\$173.57	\$156.21	\$17.36	\$231.62	\$115.81

2022 Health Insurance Rates for City Council and Mayor



City Employees with CIS Co-Pay F (Elected City Council and Mayor)

Cost shown is for Medical, Dental and Vision Benefits. The employee share is deducted before taxes are calculated.

Effective 1/1/2022	Medical			Delta Dental III			EMPLOYEE COST	
	2022 Premium 100%	City 100%	Mayor/Council 0%	2022 Premium 100%	City 100%	Mayor/Council 0%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$747.85		\$56.50	\$56.50		\$0.00	\$0.00
Employee & Spouse	\$1,589.30	\$1,589.30		\$98.39	\$98.39		\$0.00	\$0.00
Employee & Child	\$1,390.27	\$1,390.27		\$86.08	\$86.08		\$0.00	\$0.00
Employee & Children	\$1,857.29	\$1,857.29		\$149.90	\$149.90		\$0.00	\$0.00
Employee & Family	\$2,142.58	\$2,142.58		\$172.90	\$172.90		\$0.00	\$0.00

Effective 1/1/2022	Medical			Willamette Dental			EMPLOYEE COST	
	2022 Premium 100%	City 100%	Mayor/Council 0%	2022 Premium 100%	City 100%	Mayor/Council 0%	Total Monthly Cost	Cost Per Pay Period
Coverage:								
Employee	\$747.85	\$747.85		\$56.44	\$56.44		\$0.00	\$0.00
Employee & Spouse	\$1,589.30	\$1,589.30		\$98.59	\$98.59		\$0.00	\$0.00
Employee & Child	\$1,390.27	\$1,390.27		\$86.26	\$86.26		\$0.00	\$0.00
Employee & Children	\$1,857.29	\$1,857.29		\$150.49	\$150.49		\$0.00	\$0.00
Employee & Family	\$2,142.58	\$2,142.58		\$173.57	\$173.57		\$0.00	\$0.00

2022 COBRA RATES

ALL OTHER DIVISIONS - Non-Grandfathered

	Medical	Willamette Dental	Delta Dental
Employee	\$762.81	\$57.57	\$57.63
Employee & Spouse	\$1,621.09	\$100.56	\$100.36
Employee & Child	\$1,418.08	\$87.99	\$87.80
Employee & Children	\$1,894.44	\$153.50	\$152.90
Employee & Family	\$2,185.43	\$177.04	\$176.36

NON-MANAGEMENT FIRE - Grandfathered

	Medical	Willamette Dental	Delta Dental
Employee	\$810.73	\$65.74	\$57.63
Employee & Spouse	\$1,721.67	\$114.75	\$100.36
Employee & Child	\$1,503.17	\$100.39	\$87.80
Employee & Children	\$2,010.63	\$175.20	\$152.90
Employee & Family	\$2,319.11	\$201.96	\$176.36

PARKS Non-Grandfathered

	Medical	Willamette Dental	Delta Dental W/Ortho
Employee	\$762.81	\$57.57	\$59.43
Employee & Spouse	\$1,621.09	\$100.56	\$104.55
Employee & Child	\$1,418.08	\$87.99	\$91.45
Employee & Children	\$1,894.44	\$153.50	\$170.01
Employee & Family	\$2,185.43	\$177.04	\$196.10