

Medical, Vision, and Dental Premiums (0.75 FTE to Full time)

Effective July 1, 2024
Albany Police Association

Employee Only Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 23.19	\$ 23.19	\$ 46.38	\$ 881.52	\$ 927.90
MODA Vision	\$ 0.61	\$ 0.61	\$ 1.22	\$ 23.32	\$ 24.54
MODA Delta Dental	\$ 1.74	\$ 1.74	\$ 3.48	\$ 66.17	\$ 69.65
Willamette Dental	\$ 1.26	\$ 1.26	\$ 2.52	\$ 47.82	\$ 50.34

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 25.54	\$ 25.54	\$ 51.08
Medical, Vision & Willamette Dental	\$ 25.06	\$ 25.06	\$ 50.12

Employee & Spouse Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 49.95	\$ 49.95	\$ 99.90	\$ 1,898.04	\$ 1,997.94
MODA Vision	\$ 1.09	\$ 1.09	\$ 2.18	\$ 41.40	\$ 43.58
MODA Delta Dental	\$ 3.08	\$ 3.08	\$ 6.16	\$ 117.13	\$ 123.29
Willamette Dental	\$ 2.72	\$ 2.72	\$ 5.44	\$ 103.36	\$ 108.80

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 54.12	\$ 54.12	\$ 108.24
Medical, Vision & Willamette Dental	\$ 53.76	\$ 53.76	\$ 107.52

Employee & Child Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 40.96	\$ 40.96	\$ 81.92	\$ 1,556.73	\$ 1,638.65
MODA Vision	\$ 1.16	\$ 1.16	\$ 2.32	\$ 44.24	\$ 46.56
MODA Delta Dental	\$ 3.62	\$ 3.62	\$ 7.24	\$ 137.66	\$ 144.90
Willamette Dental	\$ 2.22	\$ 2.22	\$ 4.44	\$ 84.62	\$ 89.06

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental	\$ 45.74	\$ 45.74	\$ 91.48
Medical, Vision & Willamette Dental	\$ 44.34	\$ 44.34	\$ 88.68

Employee & Family Coverage

Plan	Employee 1st-15th Contribution	Employee 16th-End-of-Month Contribution	Employee Total Monthly Contribution	City Monthly Contribution	Total Monthly Premium
PacificSource Medical	\$ 67.25	\$ 67.25	\$ 134.50	\$ 2,555.78	\$ 2,690.28
MODA Vision	\$ 1.64	\$ 1.64	\$ 3.28	\$ 62.28	\$ 65.56
MODA Delta Dental	\$ 1.11	\$ 1.11	\$ 2.22	\$ 196.35	\$ 198.57
Willamette Dental	\$ 1.11	\$ 1.11	\$ 2.22	\$ 144.33	\$ 146.55

Plan Choices	15th Paycheck	End-of-Month Paycheck	Monthly Total
Medical, Vision & MODA Delta Dental*	\$ 70.00	\$ 70.00	\$ 140.00
Medical, Vision & Willamette Dental*	\$ 70.00	\$ 70.00	\$ 140.00

City pays approximately 95% of insurance premium for full-time APA employees and their dependents and employees pay 5% premium contribution.

*The employee-paid premium for MODA Delta Dental has been reduced by \$7.70 per month and Willamette Dental by \$5.10 per month for Employee & Family Coverage in order to maintain the maximum employee premium contribution of \$140.00 per month, per the collective bargaining agreement.