

## City of McMinnville OTET 2025 Plan Year – Summary of Plan Rates

Police Department MPA Employees

Medical, Vision, and Dental Costs					
		Employee + Family			
Regence or Kaiser	Employee Cost Per Paycheck	\$45.53			
	Employer Cost Per Paycheck	\$865.10			
	Total Premium Per Paycheck	\$910.63			
	Employee Cost Per Month	\$91.06			
	Employer Cost Per Month	\$1730.19			
	Total Premium Per Month	\$1821.25			

Employee costs are composite and do not change based on the plan choice or number of enrolled dependents.

Life, disability, and all supplemental plan rates are individual and based on selection(s). Details can be found in the plan summaries and during the enrollment process.

VEBA - Funded by January 1									
		Employee Only	Employee +Spouse	Employee + Child	Employee + Children	Employee + Family			
Regence	Employee Cost	\$0	\$0	\$0	\$0	\$0			
or Kaiser	Annual Employer Cost	\$150	\$300	\$300	\$450	\$450			

	Healthcare	\$3,200
FSA/125 Pre-Tax Limits	Dependent Care	\$5,000
	Rollover 2023-2024	\$640