

City of McMinnville CIS 2025 Plan Year – Summary of Plan Rates

General Service Employees

Medical and Vision Costs Per Pay Period						
		Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
Regence	Employee Cost	\$35.47	\$75.17	\$65.77	\$87.91	\$101.40
	Employer Cost	\$319.21	\$676.56	\$591.96	\$791.21	\$912.62
	Total Premium	\$354.68	\$751.73	\$657.73	\$879.12	\$1014.02
	Employee Cost	\$42.25	\$88.52	\$77.49	\$104.51	\$120.49
Kaiser	Employer Cost	\$380.29	\$796.73	\$697.40	\$940.58	\$1084.43
	Total Premium	\$422.54	\$885.25	\$774.89	\$1045.09	\$1204.92

Dental Costs Per Pay Period						
		Employee Only Employee +Spouse Employee + Child Employee + Child		Employee + Children	ren Employee + Family	
Delta	Employee Cost	\$2.84	\$4.95	\$4.33	\$7.54	\$8.70
	Employer Cost	\$25.62	\$44.60	\$39.03	\$67.93	\$78.35
	Total Premium	\$28.46	\$49.55	\$43.36	\$75.47	\$87.05
Kaiser	Employee Cost	\$3.36	\$5.92	\$5.18	\$9.76	\$11.26
	Employer Cost	\$30.26	\$53.27	\$46.62	\$87.87	\$101.33
	Total Premium	\$33.62	\$59.19	\$51.80	\$97.63	\$112.59
Willamette	Employee Cost	\$2.93	\$5.12	\$4.48	\$7.82	\$9.02
	Employer Cost	\$26.41	\$46.12	\$40.35	\$70.38	\$81.18
	Total Premium	\$29.34	\$51.24	\$44.83	\$78.20	\$90.20

Annual VEBA - Funded by January 1						
		Employee Only	Employee +Spouse	Employee + Child	Employee + Children	Employee + Family
Regence	Employee Cost	\$0	\$0	\$0	\$0	\$0
	Employer Cost	\$1,000	\$2,000	\$2,000	\$3,000	\$3,000
Kaiser -	Employee Cost	\$0	\$0	\$0	\$0	\$0
	Employer Cost	\$250	\$500	\$500	\$750	\$750

Annual FSA/125 Pre-Tax	Healthcare	\$3,200
l imits	Dependent Care	\$5,000
Limits	Rollover 2024-2025	\$640
Opt Out Incentive Per	Employee Only	\$100
Month	Employee and Spouse work at City	\$200

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.