

City of Eugene Health Insurance Continuation Premium Rates

Effective July 1, 2021

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	\$873.14	\$949.94
Two-Party	\$1,667.40	\$1,800.14
Family	\$2,312.94	\$2,507.91

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$699.27	\$776.07
Two-Party	\$1,441.37	\$1,574.11
Family	\$2,100.32	\$2,295.29

<u>City Hybrid Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$587.72	\$664.52
Two-Party	\$1,211.42	\$1,344.16
Family	\$1,765.25	\$1,960.22

IATSE-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$868.41	\$934.61
Two-Party	\$1,658.49	\$1,774.51
Family	\$2,300.53	\$2,473.36

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$676.80	\$743.00
Two-Party	\$1,395.06	\$1,511.08
Family	\$2,032.83	\$2,205.66

<u>City Hybrid Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$586.50	\$652.70
Two-Party	\$1,208.99	\$1,325.01
Family	\$1,761.66	\$1,934.49

EPEA-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$872.18	\$944.50
Two-Party	\$1,665.73	\$1,792.29
Family	\$2,310.52	\$2,498.66

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$700.10	\$772.42
Two-Party	\$1,442.94	\$1,569.50
Family	\$2,102.53	\$2,290.67

IAFF-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$875.36	\$944.40
Two-Party	\$1,673.44	\$1,794.34
Family	\$2,321.16	\$2,500.52

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$724.26	\$793.30
Two-Party	\$1,488.71	\$1,609.61
Family	\$2,169.73	\$2,349.09

AFSCME-Represented

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$882.74	\$959.09
Two-Party	\$1,685.79	\$1,817.75
Family	\$2,338.42	\$2,533.50

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$701.65	\$778.00
Two-Party	\$1,442.40	\$1,574.36
Family	\$2,102.22	\$2,297.30

<u>City Hybrid Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$587.72	\$664.07
Two-Party	\$1,211.42	\$1,343.38
Family	\$1,765.25	\$1,960.33

IAFF-Represented Battalion Chiefs

<u>City Health Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$862.54	\$938.27
Two-Party	\$1,647.15	\$1,778.20
Family	\$2,284.86	\$2,477.82

<u>City Managed Care Plan</u>	<u>Medical-Only</u>	<u>Med/Dent/Vis</u>
Individual	\$690.01	\$765.74
Two-Party	\$1,422.30	\$1,553.35
Family	\$2,072.53	\$2,265.49