

Monthly Health Costs (per EE/month)							
	Washington (MDV)	Clackamas (MD) No vision	City of Portland (MDV)	Multnomah (MD) No vision	Marion (MDV)	City of Hillsboro (MDV)	Regional (MD) No vision
Total Monthly Cost	\$865.00 ¹				\$925.00 ²	\$933.23	
EE only		\$556.63	\$481.24	\$546.61			
EE+1		\$1,113.34	\$927.14	\$1,093.24			
Family		\$1,632.91	\$1,282.56	\$1,558.86			
Employer Cost (average cost/ee)	\$865.00		\$884.00	\$837.02	\$925.00	\$908.23	\$795.25/ee/mo ³
EE only		\$531.95	\$457.16	\$473.95			
EE+1		\$1,063.97	\$880.78	\$948.87			
Family		\$1,558.86	\$1,218.44	\$1,680.54			
FT Employee Cost	\$0.00					\$25.00	
EE only		\$24.68	\$24.08	\$49.98			\$61.00
EE+1		\$49.37	\$46.36	\$99.94			
Family		\$74.05	\$64.12	\$142.50			\$194.00
PT* Employer Cost	\$0.00						60% of respondents indicated PT EE pays higher contribution
EE only		468.95	\$360.92	\$248.52			
EE+1		\$937.97	\$695.35	\$495.62			
Family		\$1,406.86	\$961.90	\$706.00			
PT* Employee Cost	\$0.00					50% of cost	
EE only		\$87.68	\$120.32	\$298.08			
EE+1		\$175.37	\$231.79	\$597.62			
Family		\$226.05	\$320.66	\$852.86			

¹ composite rate

²Cafeteria Plan-ER gives each EE this amount to be used for med, dental and vision coverage.

³Based on 2007 Mercer survey. Depending on when ER responded, may reflect 2006 costs.

Vision rate only \$7.95/month/EE

*Most ER considered PT 30 hrs or less/wk. Less than 20 hrs/wk generally not eligible.