

Employee Benefits Premium Rate Schedule: July 1, 2020 - June 30, 2021

Plan Type	7/1/2019 Total Monthly Premium	7/1/2019 City Monthly Contribution	7/1/2019 Employee Monthly Premium	7/1/2019 Employee Per Pay Check without P4P Deduction (24)	7/1/2020 Total Monthly Premium	7/1/2020 City Monthly Contribution	7/1/2020 Employee Monthly Premium	7/1/2020 Employee Per Pay Check
BCBS Medical Plans								
PPO \$1500 Ded Plan								
Employee Only	\$504.08	\$504.08	\$0.00	\$0.00	\$516.00	\$516.00	\$0.00	\$0.00
Employee + 1	\$1,008.12	\$842.70	\$165.42	\$82.71	\$1,032.06	\$862.88	\$169.18	\$84.59
Employee + 2 (or more)	\$1,512.18	\$1,264.06	\$248.12	\$124.06	\$1,547.98	\$1,294.10	\$253.88	\$126.94
PPO \$500 Ded Plan (Buy-up)								
Employee Only	\$549.64	\$507.96	\$41.68	\$20.84	\$562.68	\$520.08	\$42.60	\$21.30
Employee + 1	\$1,099.16	\$918.74	\$180.42	\$90.21	\$1,125.40	\$940.60	\$184.80	\$92.40
Employee + 2 (or more)	\$1,648.76	\$1,378.14	\$270.62	\$135.31	\$1,688.20	\$1,411.14	\$277.06	\$138.53
EPO Plan (Buy-up)								
Employee Only	\$634.82	\$573.84	\$60.98	\$30.49	\$649.98	\$587.60	\$62.38	\$31.19
Employee + 1	\$1,269.62	\$1,035.70	\$233.92	\$116.96	\$1,299.98	\$1,060.56	\$239.42	\$119.71
Employee + 2 (or more)	\$1,904.46	\$1,553.60	\$350.86	\$175.43	\$1,949.78	\$1,590.58	\$359.20	\$179.60
DENTAL PLANS								
Cigna DHMO	<i>formerly Assurant/SunLife DHMO</i>							
Employee Only	\$10.32	\$10.32	\$0.00	\$0.00	\$10.24	\$10.24	\$0.00	\$0.00
Employee + 1	\$16.70	\$6.70	\$10.00	\$5.00	\$16.58	\$6.66	\$9.92	\$4.96
Employee + 2 (or more)	\$25.58	\$9.58	\$16.00	\$8.00	\$25.40	\$9.52	\$15.88	\$7.94
Delta Dental	<i>formerly United Concordia</i>							
Employee Only	\$30.88	\$30.88	\$0.00	\$0.00	\$31.12	\$31.12	\$0.00	\$0.00
Employee + 1	\$64.06	\$36.70	\$27.36	\$13.68	\$64.54	\$36.98	\$27.56	\$13.78
Employee + 2 (or more)	\$116.60	\$66.80	\$49.80	\$24.90	\$117.54	\$67.34	\$50.20	\$25.10
SightCare Vision								
Employee Only	\$6.24	\$6.24	\$0.00	\$0.00	\$6.44	\$6.44	\$0.00	\$0.00
Employee + Family	\$14.36	\$14.36	\$0.00	\$0.00	\$14.80	\$14.80	\$0.00	\$0.00
Employee Assistance Program	\$1.86	\$1.86	\$0.00	\$0.00	\$1.86	\$1.86	\$0.00	\$0.00
Rio Vista Membership	While this is an employer provided benefit, employees who elect membership will be responsible for the taxes based on their personal tax rates and the taxable value of the pass type selected.							
	Pass types: Employee only pass: \$160/yr, Employee + Child: \$313/yr, Employee + Spouse: \$408/yr, Family Pass: \$510/yr							
Premiums with *	Applies only to employees who participated in the 2019 - 2020 Partnership for Prevention program. The amount shown is an employer paid contribution per pay period to the employees Flexible Spending Account (FSA) however a one time lump sum payment will be made to the employees FSA.							