

Employee Benefits Premium Rate Schedule: July 1, 2018 - June 30, 2019

Plan Type	7/1/2018 Monthly Premium	7/1/2018 City Monthly Contribution	7/1/2018 Employee Monthly Premium	7/1/2018 Employee Per Pay Check Deduction (24)
BCBS Medical Plans				
PPO \$1500 Ded Plan				
Employee Only	\$458.98	\$458.98	\$0.00	\$0.00
Employee + 1	\$917.94	\$767.28	\$150.66	\$75.33
Employee + 2 (or more)	\$1,376.90	\$1,150.92	\$225.98	\$112.99
PPO \$500 Ded Plan (Buy-up)				
Employee Only	\$506.56	\$468.20	\$38.36	\$19.18
Employee + 1	\$1,013.10	\$846.82	\$166.28	\$83.14
Employee + 2 (or more)	\$1,519.64	\$1,270.22	\$249.42	\$124.71
EPO Plan (Buy-up)				
Employee Only	\$580.26	\$524.52	\$55.74	\$27.87
Employee + 1	\$1,160.48	\$946.66	\$213.82	\$106.91
Employee + 2 (or more)	\$1,740.70	\$1,419.98	\$320.72	\$160.36
DENTAL PLANS				
Assurant Pre-Paid				
Employee Only	\$10.32	\$10.32	\$0.00	\$0.00
Employee + 1	\$16.70	\$6.70	\$10.00	\$5.00
Employee + 2 (or more)	\$25.58	\$9.58	\$16.00	\$8.00
United Concordia				
Employee Only	\$29.97	\$29.97	\$0.00	\$0.00
Employee + 1	\$62.17	\$35.62	\$26.55	\$13.28
Employee + 2 (or more)	\$113.20	\$64.86	\$48.34	\$24.17
SightCare Vision				
Employee Only	\$6.24	\$6.24	\$0.00	\$0.00
Employee + Family	\$14.36	\$14.36	\$0.00	\$0.00
Employee Assistance Program	\$2.30	\$2.30	\$0.00	\$0.00
Rio Vista Membership	While this is a 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			