## Healthcare Plan Contributions

MEDICAL PLAN RATES — Employees working over 30 hours per week				
	Bi-weekly Premium <u>Non-Wellness</u> City Contribution	Bi-weekly Premium Non-Wellness Employee Contribution	Bi-weekly Premium <u>Wellness</u> City Contribution	Bi-weekly Premium <u>Wellness</u> Employee Contribution
High Option				
Employee	\$348.23	\$83.66	\$348.23	\$58.67
Employee + Spouse/Domestic Partner	\$594.96	\$264.16	\$594.96	\$239.16
Employee + Child(ren)	\$511.21	\$205.50	\$511.21	\$180.50
Employee + Family	\$726.55	\$356.37	\$726.55	\$331.37
Basic Option				
Employee	\$348.23	\$25.00	\$348.23	\$0.00
Employee + Spouse/Domestic Partner	\$594.96	\$130.74	\$594.96	\$105.74
Employee + Child(ren)	\$511.21	\$94.85	\$511.21	\$69.85
Employee + Family	\$726.55	\$187.13	\$726.55	\$162.14

MEDICAL PLAN RATES – Employees working 20-29 hours per week week				
	Bi-weekly Premium <u>Non-Wellness</u> City Contribution	Bi-weekly Premium <u>Non-Wellness</u> Employee Contribution	Bi-weekly Premium <u>Wellness</u> City Contribution	Bi-weekly Premium <u>Wellness</u> Employee Contribution
High Option				
Employee	\$261.17	\$170.72	\$261.17	\$145.72
Employee + Spouse/Domestic Partner	\$446.22	\$412.90	\$446.22	\$387.90
Employee + Child(ren)	\$383.41	\$333.30	\$383.41	\$308.31
Employee + Family	\$544.91	\$538.01	\$544.91	\$513.01
Basic Option				
Employee	\$261.17	\$112.05	\$261.17	\$87.06
Employee + Spouse/Domestic Partner	\$446.22	\$279.48	\$446.22	\$254.48
Employee + Child(ren)	\$383.41	\$222.65	\$383.41	\$197.65
Employee + Family	\$544.91	\$368.77	\$544.91	\$343.77

VISION PLAN RATES - Employees working 40 hours per week			
	Bi-weekly City Contribution	*BIWEEKLY* Employee Contribution	
Avesis			
Employee	\$3.68	\$0.00	
Employee + Spouse/Domestic Partner	\$6.02	\$1.00	
Employee + Child(ren)	\$6.42	\$1.17	
Employee + Family	\$7.92	\$1.82	

VISION PLAN RATES — Employees working 20-39 hours per week			
	Bi-weekly City Contribution	*BIWEEKLY* Employee Contribution	
Avesis			
Employee	\$2.76	\$0.92	
Employee + Spouse/Domestic Partner	\$4.52	\$2.50	
Employee + Child(ren)	\$4.81	\$2.78	
Employee + Family	\$5.94	\$3.80	



## Healthcare Plan Contributions

DENTAL PLANS – Employees Working 40 hours per week			
	Bi-weekly City Contribution	*BIWEEKLY* Employee Contribution	
CIGNA High Plan			
Employee	\$12.83	\$7.20	
Employee + Spouse/Domestic Partner	\$20.91	\$17.13	
Employee + Child(ren)	\$22.71	\$19.35	
Employee + Family	\$31.95	\$30.72	
CIGNA Low Plan			
Employee	\$12.83	\$0.00	
Employee + Spouse/Domestic Partner	\$20.91	\$3.46	
Employee + Child(ren)	\$22.71	\$4.24	
Employee + Family	\$31.95	\$8.19	
CIGNA DMO Plan			
Employee	\$7.22	\$0.00	
Employee + Spouse/Domestic Partner	\$9.90	\$1.15	
Employee + Child(ren)	\$11.83	\$1.98	
Employee + Family	\$17.94	\$4.60	

DENTAL PLAN RATES — Employees working 20-39 hours per week			
	Bi-weekly City Contribution	*BIWEEKLY* Employee Contribution	
CIGNA High Plan			
Employee	\$9.62	\$10.40	
Employee + Spouse/Domestic Partner	\$15.68	\$22.36	
Employee + Child(ren)	\$17.03	\$25.02	
Employee + Family	\$23.96	\$38.70	
CIGNA Low Plan			
Employee	\$9.62	\$3.21	
Employee + Spouse/Domestic Partner	\$15.68	\$8.69	
Employee + Child(ren)	\$17.03	\$9.91	
Employee + Family	\$23.96	\$16.18	
CIGNA DMO Plan			
Employee	\$5.41	\$1.80	
Employee + Spouse/Domestic Partner	\$7.43	\$3.62	
Employee + Child(ren)	\$8.87	\$4.94	
Employee + Family	\$13.46	\$9.08	

