

# City of Coppell

## Plan Premium Rates Effective October 1, 2015

### Full Time Employees

The City gives full-time employees \$150 per month Comp Incentive to apply towards dependent medical premiums; or if **Employee Only medical, then applies to dental and ICMA.**

## MEDICAL PLAN RATES

<b>HRA \$750</b>	Total Monthly Plan Cost	Portion Paid by City for Eligible Full-time Employees	<b>Monthly Rate Paid By Employee</b>	<b>Employee Monthly Rate Minus \$150 Comp Incentive</b>	<b>Semi-Monthly Deduction (after City paid portion and Comp Inc.)</b>
Employee Only	\$803.00	\$803.00	<b>\$0.00</b>	<b>\$0.00</b>	N/A
Employee & Spouse	\$1,393.00	\$880.00	<b>\$513.00</b>	<b>\$363.00</b>	<b>\$181.50</b>
Employee & Children	\$1,179.00	\$852.00	<b>\$327.00</b>	<b>\$177.00</b>	<b>\$88.50</b>
Employee & Family	\$1,815.00	\$935.00	<b>\$880.00</b>	<b>\$730.00</b>	<b>\$365.00</b>

**\*If no biometric screening, online Health Risk Assessment, lab results to Marathon Wellness Works and annual physical (and no spouse annual physical if on medical) during 2014-2015 plan year, subject to an additional 10% increase of city paid employee only monthly portion (\$80.30 per month or \$40.15 semi-monthly) beginning October 2015 – September 2016.**

**\*If tobacco user, subject to an additional 10% increase of city paid monthly portion (\$80.30 per month or \$40.15 semi-monthly) beginning October 2015 – September 2016.**

## VISION PLAN RATES

<b>VISION</b>	<b>Monthly Rate Paid By Employee</b>	<b>Semi-Monthly Deduction By Employee</b>
Employee Only	\$ 6.40	<b>\$3.20</b>
Employee & Spouse	\$10.92	<b>\$5.46</b>
Employee & Children	\$11.54	<b>\$5.77</b>
Employee & Family	\$17.32	<b>\$8.66</b>

*\*Dental Rates On Reverse Side*

## GUARDIAN DENTAL PLANS

If you are Employee only or waive the medical plan, your Comp Incentive will be applied towards your dental premium.

<b>DHMO Plan</b>	Total Monthly Plan Cost	Portion Paid by City for Eligible Employees	Employee Pays Monthly	Semi-Monthly Deduction Paid By Employee
Employee Only	\$8.89	\$8.89	<b>\$0.00</b>	<b>\$0.00</b>
Employee & Spouse	\$15.22	\$8.89	<b>\$6.33</b>	<b>\$3.17</b>
Employee & Child(ren)	\$23.19	\$8.89	<b>\$14.30</b>	<b>\$7.15</b>
Employee & Family	\$27.45	\$8.89	<b>\$18.56</b>	<b>\$9.28</b>

<b>PPO Plan</b>	Total Monthly Plan Cost	Portion Paid by City for Eligible Employees	Employee Pays Monthly	Semi-Monthly Deduction Paid By Employee
Employee Only	\$36.07	\$8.89	<b>\$27.18</b>	<b>\$13.59</b>
Employee & Spouse	\$81.09	\$8.89	<b>\$72.20</b>	<b>\$36.10</b>
Employee & Child(ren)	\$77.36	\$8.89	<b>\$68.47</b>	<b>\$34.24</b>
Employee & Family	\$123.65	\$8.89	<b>\$114.76</b>	<b>\$57.38</b>

*Medical & Vision rates on reverse*