

City of Coppell
Plan Premium Rates Effective October 1, 2016
Part Time Employees with Benefits

The City provides part-time employees a \$75 per month Comp Incentive benefit to apply towards medical premium; or if you waive medical plan then benefit goes to your ICMA 457 account.

MEDICAL PLAN RATES

HRA \$250	Total Monthly Plan Cost	Portion Paid by City for Eligible Part-time Employees	Monthly Rate Paid By Employee	Employee Monthly Rate after \$75 Benefit	Semi-Monthly Payroll Deduction
Employee Only	\$836.00	\$477.00	\$359.00	\$284.00	\$142.00
Employee & Spouse	\$1,646.00	\$884.00	\$762.00	\$687.00	\$343.50
Employee & Children	\$1,367.00	\$741.00	\$626.00	\$551.00	\$275.50
Employee & Family	\$2,221.00	\$1,142.00	\$1,079.00	\$1,004.00	\$502.00

***If no biometric screening, online Marathon Health Risk Assessment, lab results to Marathon Wellness Works and annual physical (and no spouse annual physical if on medical) during 2015-2016 plan year, subject to an additional 10% increase of city paid employee only monthly portion (\$47.70 per month or \$23.85 semi-monthly) beginning October 2016 – September 2017.**

***If tobacco user, subject to an additional 10% increase of city paid employee only monthly portion (\$47.70 per month or \$23.85 semi-monthly) beginning October 2016 – September 2017.**

VISION PLAN RATES

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

****Dental Rates On Reverse Side***

GUARDIAN DENTAL PLANS

Part time Employee Rates

DHMO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible PT Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$8.89	\$4.45	\$4.44	\$2.22
Employee & Spouse	\$15.22	\$4.45	\$10.77	\$5.39
Employee & Child(ren)	\$23.19	\$4.45	\$18.74	\$9.37
Employee & Family	\$27.45	\$4.45	\$23.00	\$11.50

PPO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible PT Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$36.07	\$4.45	\$31.62	\$15.81
Employee & Spouse	\$81.09	\$4.45	\$76.64	\$38.32
Employee & Child(ren)	\$77.36	\$4.45	\$72.91	\$36.46
Employee & Family	\$123.65	\$4.45	\$119.20	\$59.60

Medical & Vision rates on reverse