

Medical Premiums & Contributions

Full Time Employee Premium					
HRA \$500	Total Monthly Plan Cost	Portion Paid by City for Eligible Full-time Employees	Monthly Rate Paid By Employee	Employee Monthly Rate after \$150 benefit to dependent premium	Semi- Monthly Payroll Deduction
Employee Only	\$943.00	\$933.00	\$10.00	-	\$5.00
Employee & Spouse	\$1,807.00	\$1,394.00	\$413.00	\$263.00	\$131.50
Employee & Children	\$1,509.00	\$1,232.00	\$277.00	\$127.00	\$63.50
Employee & Family	\$2,415.00	\$1,685.00	\$730.00	\$580.00	\$290.00
<p>The City provides full-time employees a \$150 per month Comp Incentive benefit to apply towards dependent medical premiums; or if on Employee Only medical coverage, the benefit goes to your ICMA 457 account.</p>					

Part Time Employee Premium					
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	\$943.00	\$584.00	\$359.00	\$284.00	\$142.00
Employee & Spouse	\$1,807.00	\$1,045.00	\$762.00	\$687.00	\$343.50
Employee & Children	\$1,509.00	\$883.00	\$626.00	\$551.00	\$275.50
Employee & Family	\$2,415.00	\$1,336.00	\$1,079.00	\$1,004.00	\$502.00
<p>The City provides part-time employees a \$75 per month Comp Incentive benefit to apply towards medical premiums; or if you waive the medical plan, then the benefit goes to your ICMA 457 account.</p>					

Dental Premiums and Contributions

Full Time Employee Rates				
DHMO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$9.43	\$9.43	\$0.00	\$0.00
Employee & Spouse	\$16.14	\$9.43	\$6.71	\$3.36
Employee & Child(ren)	\$24.60	\$9.43	\$15.17	\$7.59
Employee & Family	\$29.12	\$9.43	\$19.69	\$9.85
PPO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$40.90	\$9.43	\$31.47	\$15.74
Employee & Spouse	\$91.95	\$9.43	\$82.52	\$41.26
Employee & Child(ren)	\$87.71	\$9.43	\$78.28	\$39.14
Employee & Family	\$140.22	\$9.43	\$130.79	\$65.40



Dental Premiums and Contributions

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	\$9.43	\$4.72	\$4.71	\$2.36
Employee & Spouse	\$16.14	\$4.72	\$11.42	\$5.71
Employee & Child(ren)	\$24.60	\$4.72	\$19.88	\$9.94
Employee & Family	\$29.12	\$4.72	\$24.40	\$12.20
PPO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible PT Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$40.90	\$4.72	\$36.18	\$18.09
Employee & Spouse	\$91.95	\$4.72	\$87.23	\$43.62
Employee & Child(ren)	\$87.71	\$4.72	\$83.99	\$41.50
Employee & Family	\$140.22	\$4.72	\$135.50	\$67.75



Vision Premiums and Contributions

Full Time and Part Time Employee Rates		
VISION	Monthly Rate Paid By Employee	Semi-Monthly Payroll Deduction
Employee Only	\$ 6.66	\$3.33
Employee & Spouse	\$11.36	\$5.68
Employee & Children	\$12.00	\$6.00
Employee & Family	\$18.01	\$9.01

