

Premiums & Contributions

Medical - 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>					

Medical - 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 - 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	\$9.07	\$9.07	\$0.00	\$0.00
Employee & Spouse	\$15.52	\$9.07	\$6.45	\$3.23
Employee & Child(ren)	\$23.65	\$9.07	\$14.58	\$7.29
Employee & Family	\$28.00	\$9.07	\$18.93	\$9.47
PPO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$37.52	\$9.07	\$28.45	\$14.25
Employee & Spouse	\$84.36	\$9.07	\$75.29	\$37.65
Employee & Child(ren)	\$80.47	\$9.07	\$71.40	\$35.70
Employee & Family	\$128.64	\$9.07	\$119.57	\$59.79

Dental - 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	\$9.07	\$4.54	\$4.53	\$2.27
Employee & Spouse	\$15.52	\$4.54	\$10.98	\$5.49
Employee & Child(ren)	\$23.65	\$4.54	\$19.11	\$9.56
Employee & Family	\$28.00	\$4.54	\$23.46	\$11.73
PPO Plan	Total Monthly Plan Cost	Portion Paid by City for Eligible PT Employees	Employee Pays Monthly	Semi-Monthly Payroll Deduction
Employee Only	\$37.52	\$4.54	\$32.98	\$16.49
Employee & Spouse	\$84.36	\$4.54	\$79.82	\$39.91
Employee & Child(ren)	\$80.47	\$4.54	\$75.93	\$37.97
Employee & Family	\$128.64	\$4.54	\$124.10	\$62.05

Vision - 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