

City of Coppell
Plan Premium Rates Effective October 1, 2016
Full Time Employees

The City provides full-time employees a \$150 per month Comp Incentive benefit to apply towards dependent medical premiums; **or if Employee Only medical, then benefit goes to ICMA 457 account.**

MEDICAL PLAN RATES

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	\$836.00	\$826.00	\$10.00		\$5.00
Employee & Spouse	\$1,646.00	\$1,233.00	\$413.00	\$263.00	\$131.50
Employee & Children	\$1,367.00	\$1,090.00	\$277.00	\$127.00	\$63.50
Employee & Family	\$2,221.00	\$1,491.00	\$730.00	\$580.00	\$290.00

***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 (\$82.60 per month or \$41.30 semi-monthly) beginning October 2016 – September 2017.**

***If tobacco user, subject to an additional 10% increase of city paid monthly portion (\$82.60 per month or \$41.30 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

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	\$8.89	\$8.89	\$0.00	\$0.00
Employee & Spouse	\$15.22	\$8.89	\$6.33	\$3.17
Employee & Child(ren)	\$23.19	\$8.89	\$14.30	\$7.15
Employee & Family	\$27.45	\$8.89	\$18.56	\$9.28

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

Medical & Vision rates on reverse