

**Medical, Dental, & Vision Employee Premiums**

*Rates are listed at per pay period.*

**MEDICAL PREMIUMS**

	BCBS "S" & CIGNA LOCAL PLUS:		
	Narrow Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 68.38	81%	\$ 363.23
Empl + Child/ren	\$ 179.12	68%	\$ 563.54
Empl + Spouse	\$ 254.03	69%	\$ 817.38
Empl + Family	\$ 312.00	68%	\$ 981.69
Dual Employee	\$ 247.50	75%	\$ 981.69

	BCBS "P" & CIGNA OPEN ACCESS:		
	Broad Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 72.88	81%	\$ 393.23
Empl + Child/ren	\$ 188.12	68%	\$ 593.54
Empl + Spouse	\$ 272.03	69%	\$ 877.38
Empl + Family	\$ 330.00	68%	\$ 1,041.69
Dual Employee	\$ 261.00	75%	\$ 1,041.69

	BCBS "S" & CIGNA LOCAL PLUS:		
	Narrow Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 47.15	86%	\$ 334.15
Empl + Child/ren	\$ 146.35	72%	\$ 518.31
Empl + Spouse	\$ 207.42	72%	\$ 751.38
Empl + Family	\$ 254.77	72%	\$ 902.31
Dual Employee	\$ 193.50	79%	\$ 902.31

	BCBS "P" & CIGNA OPEN ACCESS:		
	Broad Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 51.65	86%	\$ 364.15
Empl + Child/ren	\$ 155.35	72%	\$ 548.31
Empl + Spouse	\$ 225.42	72%	\$ 811.38
Empl + Family	\$ 272.77	72%	\$ 962.31
Dual Employee	\$ 207.00	78%	\$ 962.31

	BCBS "S" & CIGNA LOCAL PLUS:		
	Narrow Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 12.16	96%	\$ 271.38
Empl + Child/ren	\$ 18.88	96%	\$ 420.92
Empl + Spouse	\$ 26.77	96%	\$ 610.62
Empl + Family	\$ 32.88	96%	\$ 732.92
Dual Employee	\$ 31.04	96%	\$ 732.92

	BCBS "P" & CIGNA OPEN ACCESS:		
	Broad Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 13.66	96%	\$ 301.38
Empl + Child/ren	\$ 20.38	96%	\$ 450.92
Empl + Spouse	\$ 29.77	96%	\$ 670.62
Empl + Family	\$ 35.88	96%	\$ 792.92
Dual Employee	\$ 34.04	96%	\$ 792.92

	BCBS "S" & CIGNA LOCAL PLUS:		
	Narrow Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 11.01	96%	\$ 250.62
Empl + Child/ren	\$ 17.05	96%	\$ 388.62
Empl + Spouse	\$ 24.18	96%	\$ 563.54
Empl + Family	\$ 29.72	96%	\$ 676.62
Dual Employee	\$ 28.06	96%	\$ 676.62

	BCBS "P" & CIGNA OPEN ACCESS:		
	Broad Network		
	Employee Premium	Rate	State Plan Cost
Single	\$ 12.51	96%	\$ 280.62
Empl + Child/ren	\$ 18.55	96%	\$ 418.62
Empl + Spouse	\$ 27.18	96%	\$ 623.54
Empl + Family	\$ 32.72	96%	\$ 736.62
Dual Employee	\$ 31.06	96%	\$ 736.62

**DENTAL**

	Cigna Prepaid DHMO		
	City Contribution		
	Employee Premium	Rate	State Plan Cost
Single	See below	up to \$18	\$ 6.39
Empl + Child/ren	formula to	up to \$18	\$ 13.27
Empl + Spouse	determine your	up to \$18	\$ 11.33
Empl + Family	rate.	up to \$18	\$ 15.57

	Delta Dental PPO		
	City Contribution		
	Employee Premium	Rate	State Plan Cost
Single	See below	up to \$18	\$ 9.15
Empl + Child/ren	formula to	up to \$18	\$ 24.32
Empl + Spouse	determine your	up to \$18	\$ 17.99
Empl + Family	rate.	up to \$18	\$ 37.26

**VISION**

	EyeMed - Basic		
	City Contribution		
	Employee Premium	Rate	State Plan Cost
Single	See below	up to \$18	\$ 1.47
Empl + Child/ren	formula to	up to \$18	\$ 2.93
Empl + Spouse	determine your	up to \$18	\$ 2.78
Empl + Family	rate.	up to \$18	\$ 4.31

	EyeMed - Expanded		
	City Contribution		
	Employee Premium	Rate	State Plan Cost
Single	See below	up to \$18	\$ 2.91
Empl + Child/ren	formula to	up to \$18	\$ 5.82
Empl + Spouse	determine your	up to \$18	\$ 5.53
Empl + Family	rate.	up to \$18	\$ 8.56

The City offers up to \$18 total contribution, per pay period, towards the purchase of dental and/or vision.

Formula for determining your dental and vision premium, per pay period:

$(\text{Dental State Plan Cost}) + (\text{Vision State Plan Cost}) - \$18 = \text{Difference is your premium}$

Example: Cigna Family (\$15.57) + Expanded Vision Family (\$8.56) = \$24.13 - 18.00 = \$6.13

Example: Cigna Single (\$6.39) + Expanded Vision Single (\$2.91) = \$9.30 - 18.00 = \$0.00