

Medical

Blue Cross Blue Shield

PPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$98.85	\$148.28
Employee +Spouse (DP)	\$197.71	\$296.57
Employee + Child(ren)	\$187.83	\$281.73
Family	\$286.68	\$430.01

EPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$108.60	\$162.90
Employee +Spouse (DP)	\$217.21	\$325.81
Employee + Child(ren)	\$206.35	\$309.52
Family	\$314.95	\$472.42

HDHP		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$62.79	\$143.63
Employee +Spouse (DP)	\$165.13	247.70
Employee + Child(ren)	\$156.87	\$235.31
Family	\$239.43	\$359.15

Dental

Delta Dental

Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$5.15	\$7.72
Employee +Spouse (DP)	\$10.32	\$15.48
Employee + Child(ren)	\$13.77	\$20.66
Family	\$21.21	\$31.82

Vision

VSP – Vision Service Plan* (100% employee paid)

Coverage	Employee per Pay Period
Employee Only	\$2.01
Employee +Spouse (DP)	\$4.02
Employee + Child(ren)	\$5.15
Family	\$8.22

Life, Short-Term, & Long Term Disability

(Coverage for employee ONLY)

Coverage	Employee per Pay Period	City per Pay Period
Employee Basic Life	\$0.00	\$2.54
Short Term Disability	\$9.83	\$0.00
Long-Term Disability	<i>Rates vary based on age & salary</i> (100% employee paid)	
Optional Term Life insurance-5 additional levels of life insurance.		

Dependent Life Insurance (100% employee paid)

Spouse Life	
Amount of coverage	Per Pay Period
\$10,000	\$ 1.02
\$20,000	\$ 2.03
\$30,000	\$ 3.05
\$40,000	\$ 4.06
\$50,000	\$ 5.08

Child Life	
Amount of coverage	Per Pay Period
\$5,000	\$ 0.18
\$10,000	\$ 0.37
\$25,000	\$ 0.92

Flexible Spending Account(s) – Pre-tax benefit; available for medical and/or dependent care expenditures as approved by the IRS.