

## 2017 Premiums- Active Employees

### Medical Plan Costs

| Single Coverage                                   |  | Monthly         | Per Paycheck*   |
|---|--|-----------------|-----------------|
| Total Single Premium                              |  | \$736.00        | \$368.00        |
| City Contribution – 90% of Single premium         |  | (\$662.40)      | (\$331.20)      |
| Employee Contribution – 10% of Single premium     |  | \$73.60         | \$36.80         |
|   |  |                 |                 |
| Basic, Fire, Police, LELS & Supervisory Employees | Total Cafeteria Plan Contribution            | \$304.00        | \$152.00        |
|   | Less employee responsibility                 | (\$73.60)       | (\$36.80)       |
|   | <b>Remaining Cafeteria Plan Contribution</b> | <b>\$230.40</b> | <b>\$115.20</b> |
|   |  |                 |                 |
| Confidential Employees                            | Total Cafeteria Plan Contribution            | \$320.00        | \$160.00        |
|   | Less employee responsibility                 | (\$73.60)       | (\$36.80)       |
|   | <b>Remaining Cafeteria Plan Contribution</b> | <b>\$246.40</b> | <b>\$123.20</b> |
|   |  |                 |                 |
| Family Coverage                                   |  | Monthly         | Per Paycheck*   |
| Total Family Premium                              |  | \$1,811.00      | \$905.50        |
| City Contribution – 80% of Family premium         |  | (\$1,448.80)    | (\$724.40)      |
| Employee Contribution – 20% of Family premium     |  | \$362.20        | \$181.10        |
|   |  |                 |                 |
| Basic, Fire, Police, LELS & Supervisory Employees | Employee Responsibility                      | \$362.20        | \$181.10        |
|   | Less Cafeteria Plan Contribution             | (\$229.00)      | (\$114.50)      |
|   | <b>Remaining Employee Responsibility</b>     | <b>\$133.20</b> | <b>\$66.60</b>  |
|   |  |                 |                 |
| Confidential Employees                            | Employee Responsibility                      | \$362.20        | \$181.10        |
|   | Less Cafeteria Plan Contribution             | (\$245.00)      | (\$122.50)      |
|   | <b>Remaining Employee Responsibility</b>     | <b>\$117.20</b> | <b>\$58.60</b>  |
|   |  |                 |                 |
| Waiver of Health Insurance Coverage**             |  | Monthly         | Per Paycheck*   |
| Basic, Fire, Police, LELS & Supervisory Employees | Cafeteria Plan Contribution                  | \$304.00        | \$152.00        |
|   |  |                 |                 |
| Confidential Employees                            | Cafeteria Plan Contribution                  | \$320.00        | \$160.00        |

\*Per-Paycheck amounts for health premiums and cafeteria plan contributions are calculated using 24 pay periods; in months that contain a third paycheck, no premium deductions will be held from the third employee paycheck.

\*\*Employees waiving coverage must make that election annually and provide proof of other coverage.

### Dental Plan Costs

| Plan       | Low Option (\$1,000 Annual Benefit) |                   |                       | High Option (\$2,000 Annual Benefit) |                   |                       |
|------------|-------------------------------------|-------------------|-----------------------|--------------------------------------|-------------------|-----------------------|
|            | Monthly Premium                     | City Contribution | Employee Contribution | Monthly Premium                      | City Contribution | Employee Contribution |
| Single     | \$31.00                             | \$31.00           | \$0.00                | \$63.00                              | \$31.00           | \$32.00               |
| Single + 1 | \$62.00                             | \$31.00           | \$31.00               | \$119.00                             | \$31.00           | \$88.00               |
| Family     | \$102.00                            | \$31.00           | \$71.00               | \$211.00                             | \$31.00           | \$180.00              |