

**2020 Premiums – Active Employees
Medical Plan Costs**

Single Coverage		Monthly	Per Paycheck*
Total Single Premium		\$980.00	\$490.00
City Contribution – 90% of Single premium		(\$882.00)	(\$441.00)
Employee Contribution – 10% of Single premium		\$98.00	\$49.00
Basic, Fire, Police, LELS & Supervisory Employees	Total Cafeteria Plan Contribution	\$304.00	\$152.00
	Less employee responsibility	(\$98.00)	(\$49.00)
	Remaining Cafeteria Plan Contribution	\$206.00	\$103.00
Confidential Employees	Total Cafeteria Plan Contribution	\$320.00	\$160.00
	Less employee responsibility	(\$98.00)	(\$49.00)
	Remaining Cafeteria Plan Contribution	\$222.00	\$111.00

Family Coverage		Monthly	Per Paycheck*
Total Family Premium		\$2,410.00	\$1,205.00
City Contribution – 80% of Family premium		(\$1,928.00)	(\$964.00)
Employee Contribution – 20% of Family premium		\$482.00	\$241.00
Basic, Fire, Police, LELS & Supervisory Employees	Employee Responsibility	\$482.00	\$241.00
	Less Cafeteria Plan Contribution	(\$229.00)	(\$114.50)
	Remaining Employee Responsibility	\$253.00	\$126.50
Confidential Employees	Employee Responsibility	\$482.00	\$241.00
	Less Cafeteria Plan Contribution	(\$245.00)	(\$122.50)
	Remaining Employee Responsibility	\$237.00	\$118.50

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 creditable coverage.**