

MEDICAL/ VISION AND DENTAL BI-WEEKLY CONTRIBUTIONS

January 1, 2020

General Employees

2020 Bi-Weekly City-Provided Benefit Credits

Coverage Tier	FT 35+Hrs	PT 29-34 Hrs	PT 20-28 Hrs	Temp FT ACA
Employee Only	\$336.70	\$259.26	\$203.94	\$203.94
Employee + Spouse	\$658.18	\$504.36	\$393.00	
Employee + Child	\$406.14	\$311.22	\$242.52	\$203.94
Employee + Children	\$621.84	\$476.50	\$371.32	\$203.94
Family	\$909.44	\$696.90	\$543.06	

2020 Bi-Weekly Contributions - Medical/Vision Plans

Coverage Tier	Preferred PPO	Economy PPO	Basic PPO	Benefit Credits are provided based on hours worked and coverage levels.
Employee Only	\$327.64	\$303.14	\$253.94	
Employee + Spouse	\$647.22	\$598.90	\$501.72	
Employee + Child	\$398.26	\$368.50	\$308.70	
Employee + Children	\$618.80	\$572.64	\$479.80	
Family	\$906.42	\$838.82	\$702.80	

2020 Bi-Weekly Contributions - Dental Plans

Coverage Tier	Comprehensive		
	Employee	Employer	Total
Employee Only	\$22.64	\$8.42	\$31.06
Employee + Spouse	\$44.68	\$16.60	\$61.28
Employee + Child	\$27.48	\$10.22	\$37.70
Employee + Children	\$42.66	\$15.86	\$58.52
Family	\$62.48	\$23.24	\$85.72
Coverage Tier	Core		
	Employee	Employer	Total
Employee Only	\$15.88	\$8.42	\$24.30
Employee + Spouse	\$31.32	\$16.60	\$47.92
Employee + Child	\$19.26	\$10.22	\$29.48
Employee + Children	\$29.90	\$15.86	\$45.76
Family	\$43.80	\$23.24	\$67.04
Coverage Tier	Preventive		
	Employee	Employer	Total
Employee Only	\$1.94	\$8.42	\$10.36
Employee + Spouse	\$3.82	\$16.60	\$20.42
Employee + Child	\$2.34	\$10.22	\$12.56
Employee + Children	\$3.66	\$15.86	\$19.52
Family	\$5.34	\$23.24	\$28.58
Coverage Tier	Dental Blue Connect		
	Employee	Employer	Total
Employee Only	\$13.82	\$8.42	\$22.24
Employee + Spouse	\$27.80	\$16.60	\$44.40
Employee + Child	\$35.26	\$10.22	\$45.48
Employee + Children	\$34.10	\$15.86	\$49.96
Family	\$54.50	\$23.24	\$77.74