CITY of BOISE

MEDICAL/VISION + DENTAL RATES (SEMI-MONTHLY)

2021 CITY PROVIDED BENEFIT CREDITS - Semi-Monthly

BENEFIT CREDITS (what the city pays) - City of Boise credits the employee twice a month. Amounts are based on hours worked and the coverage tier. For example: an employee who works 40 hours a week and chooses to cover their family receives a credit of \$967.08.

COVERAGE TIER	35+ Hours (Full-Time)	29-34 Hours (Part-Time)	20-28 Hours (Part-Time)	Temp FT ACA
EMPLOYEE ONLY	\$349.58	\$262.19	\$216.56	\$216.56
EMPLOYEE + SPOUSE	\$690.56	\$517.92	\$414.34	
EMPLOYEE + CHILD	\$424.91	\$318.69	\$254.95	\$216.56
EMPLOYEE + CHILDREN	\$660.23	\$495.18	\$396.14	\$216.56
FAMILY	\$967.08	\$725.31	\$580.25	

2021 EMPLOYEE CONTRIBUTIONS - Semi-Monthly

MEDICAL/VISION PLANS

EMPLOYEE MEDICAL/VISION CONTRIBUTIONS (what it costs you) - The cost is twice a month. Amounts are based on the coverage tier and plan. For example: the employee cost for choosing the Preferred PPO plan and covering their family is \$951.46 twice a month.

	PREFERRED PPO	ECONOMY PPO	BASIC PPO			
COVERAGE TIER	EMPLOYEE COST					
EMPLOYEE ONLY	\$343.92	\$318.20	\$266.56			
EMPLOYEE + SPOUSE	\$679.39	\$628.65	\$526.65			
EMPLOYEE + CHILD	\$418.04	\$386.80	\$324.04			
EMPLOYEE + CHILDREN	\$649.56	\$601.11	\$503.63			
FAMILY	\$951.46	\$881.00	\$737.71			

2021 EMPLOYEE + CITY OF BOISE CONTRIBUTIONS - Semi-Monthly

2021 DENTAL PLANS

	COMPREHENSIVE	CORE	PREVENTIVE	DELTA BLUE CONNECT	
COVERAGE TIER	EMPLOYEE COST				
EMPLOYEE ONLY	\$22.64	\$15.88	\$1.94	\$13.82	\$8.42
EMPLOYEE + SPOUSE	\$44.68	\$31.32	\$3.82	\$27.80	\$16.60
EMPLOYEE + CHILD	\$27.48	\$19.26	\$2.34	\$35.26	\$10.22
EMPLOYEE + CHILDREN	\$42.66	\$29.90	\$3.66	\$34.10	\$15.86
FAMILY	\$62.48	\$43.80	\$5.34	\$54.80	\$23.24

Medical/Vision Contribution + Dental Contribution – City Provided Benefit Credits = YOUR COST

Example 1: Employee works 40 Hours/Week and is covering their family. \$951.46 (Preferred PPO) + \$62.48 (Comprehensive Dental) – \$967.08 (Benefit Credit) = \$46.86/paycheck

Example 2: Employee works 40 Hours/Week and is covering their family. \$881.00 (Economy PPO) + \$62.48 (Comprehensive Dental) – \$967.08 (Benefit Credit) = \$0/paycheck



If your benefit credits exceed the contribution amounts, you pay nothing!