MEDICAL INSURANCE RATES

Premium Plan

Effective July 1, 2014 pro-rated over 26 pay periods

	Employee Share per Pay Period (26)	Employee Share per Month 23.5%	City Share per Pay Period (26)	City Share per Month 76.5%	TOTAL Premium Cost Per Month
Single	$77.09	$167.03	$250.95	$543.72	$710.75
EE and Spouse	$160.14	$346.98	$521.31	$1,129.51	$1,476.49
EE & Child(ren)	$151.05	$327.28	$491.72	$1,065.38	$1,392.66
Family	$184.25	$399.20	$599.78	$1,299.53	$1,698.73

Core Plan

Effective July 1, 2014 pro-rated over 26 pay periods

	Employee Share per Pay Period (26)	Employee Share per Month 23.5%	City Share per Pay Period (26)	City Share per Month 76.5%	TOTAL Premium Cost Per Month
Single	$72.85	$157.84	$237.15	$513.82	$671.66
EE and Spouse	$151.33	$327.89	$492.63	$1,067.37	$1,395.26
EE & Child(ren)	$139.05	$301.27	$452.65	$980.74	$1,282.01
Family	$174.10	$377.23	$566.77	$1,227.99	$1,605.22

HRA Plan

Effective July 1, 2014 pro-rated over 26 pay periods

	Employee Share Per Pay Period (26)	Employee Share per Month 23.5%	City Share per Pay Period (26)	City Share per Month 76.5%	TOTAL Premium Cost Per Month
Single	$62.44	$135.29	$203.27	$440.41	$575.70
EE and Spouse	$129.61	$280.81	$421.91	$914.14	$1,194.95
EE & Child(ren)	$119.27	$258.41	$388.25	$841.21	$1,099.62
Family	$149.24	$323.35	$485.82	$1,052.60	$1,375.95

DENTAL INSURANCE RATES

United Concordia Dental Plan

Effective July 1, 2014 pro-rated over 26 pay periods

	Employee Share Per Pay Period (26)	Employee Share per Month 35%	City Share per Pay Period (26)	City Share per Month 65 %	TOTAL Premium Cost Per Month
Single	$5.84	$12.65	$10.85	$23.51	$36.16
EE and Spouse	$11.06	$23.96	$20.54	$44.50	$68.46
EE & Child(ren)	$9.81	$21.25	$18.23	$39.49	$60.74
Family	$14.87	$32.21	$27.61	$59.82	$92.03

VISION INSURANCE RATES

United Healthcare Specialty Vision Plan

Effective July 1, 2014
pro-rated over 26 pay periods

	Employee Share Per Pay Period (26)	TOTAL Premium Cost Per Month
Single	$3.57	$7.72
EE and Spouse	$7.23	$15.66
EE & Child(ren)	$7.57	$16.40
Family	$9.59	$20.76

LEGAL INSURANCE RATES

ARAG Legal Plan

Effective July 1, 2014
pro-rated over 24 pay periods

	Employee Share Per Pay Period (24)	TOTAL Premium Cost Per Month
Single	$9.77	$19.54
Family	$12.47	$24.94