

Insurance Rates

Effective: July 1, 2019 through June 30, 2020

Plan A	Employee's Monthly Premium	Employee Pays Twice Monthly	Employee Pays Twice Monthly With Wellness Incentive	Dental Benefits Only	Monthly Rate
Employee only	\$153.00	\$76.50	\$66.50	Employee Only:	\$0.00
Employee & Spouse	\$802.00	\$401.00	\$391.00	Employee & Spouse:	\$41.00
Employee & Child(ren)	\$680.00	\$340.00	\$330.00	Employee & Child(ren):	\$36.00
Employee & Family	\$1,110.00	\$555.00	\$545.00	Employee & Family:	\$61.00
Plan B					
Employee only	\$23.00	\$11.50	\$1.50		
Employee & Spouse	\$543.00	\$271.50	\$261.50		
Employee & Child(ren)	\$435.00	\$217.50	\$207.50		
Employee & Family	\$788.00	\$394.00	\$384.00		
HDHP					
Employee only	\$0.00	\$0.00			
Employee & Spouse	\$395.00	\$197.50			
Employee & Child(ren)	\$303.00	\$151.50			
Employee & Family	\$582.00	\$291.00			

*City Pays You
 *\$125 per month onto your HSA account /
 additional \$20 per month onto your HSA with
 wellness incentive

* You will have \$125, pretaxed, deposited onto your
 * Additional \$20, pretaxed, deposited onto your HSA card with wellness incentive

PLEASE NOTE: documentation requirements when adding a family member to your insurance plan.

Spouse: copy of certified marriage certificate.

Child: copy of certified birth certificate.

Stepchild: copy of certified birth certificate plus marriage certificate.

Adoption or placement for adoption: court order paper signed by the judge showing that employee has adopted or intends to adopt the child, plus a copy of the certified birth certificate.

Foster Child: a copy of the foster child placement papers for a qualified state agency/court order documents signed by a judge verifying legal custody of the foster child (e.g. placement papers from a qualified state placement agency, or proof of judgment, decree or court order from a court of competent jurisdiction, plus the child's birth certificate.

Legal Guardianship: a copy of your court-appointment legal guardianship documents and a copy of the certified birth certificate.

Disabled Dependent Child: current written statement from the child's physician indicating the child's diagnosis that are the basis for the physician's assessment that the child is currently mentally or physically disabled (as that term disabled is defined in our plan document) and is incapable of self-sustaining employment as a result of that disability; and that disability existed before the attainment of this plan's age limit and dependent chiefly on you and/or your spouse for support and maintenance. The plan may require that you show proof of initial and ongoing disability and that the child meets the plans' definition of dependent child.

Qualified Medical Child Support Order (QMCSO): valid QMCSO document or National Medical Support Notice.