

2017 Health and Dental Rates - Non Tobacco

WELLNESS PARTICIPANT

Low Deductible PPO	Employee Pays	City Pays	Total Premium
Employee Only Coverage	\$ 81.00	\$ 551.00	\$ 632.00
Employee + Spouse Coverage	\$ 243.00	\$ 1,085.00	\$ 1,328.00
Employee + Child(ren) Coverage	\$ 222.00	\$ 979.00	\$ 1,201.00
Family Coverage	\$ 335.00	\$ 1,496.00	\$ 1,831.00
High Deductible PPO/HRA			
Employee Only Coverage	\$ 41.00	\$ 584.00	\$ 625.00
Employee + Spouse Coverage	\$ 169.00	\$ 1,147.00	\$ 1,316.00
Employee + Child(ren) Coverage	\$ 147.00	\$ 1,041.00	\$ 1,188.00
Family Coverage	\$ 260.00	\$ 1,555.00	\$ 1,815.00

NON WELLNESS

Low Deductible PPO	Employee Pays	City Pays	Total Premium
Employee Only Coverage	\$ 101.00	\$ 531.00	\$ 632.00
Employee + Spouse Coverage	\$ 263.00	\$ 1,065.00	\$ 1,328.00
Employee + Child(ren) Coverage	\$ 242.00	\$ 959.00	\$ 1,201.00
Family Coverage	\$ 355.00	\$ 1,476.00	\$ 1,831.00
High Deductible PPO/HRA			
Employee Only Coverage	\$ 61.00	\$ 564.00	\$ 625.00
Employee + Spouse Coverage	\$ 189.00	\$ 1,127.00	\$ 1,316.00
Employee + Child(ren) Coverage	\$ 167.00	\$ 1,021.00	\$ 1,188.00
Family Coverage	\$ 280.00	\$ 1,535.00	\$ 1,815.00

2017 Delta Dental Rates:	Employee Pays	City Pays	Total Premium
Employee Only	\$ 6.72	\$ 28.70	\$ 35.42
Employee + 1 dependent	\$ 46.98	\$ 28.70	\$ 75.68
Employee + 2 or more dependents	\$ 85.18	\$ 28.70	\$ 113.88

2017 Health and Dental Rates - Tobacco

WELLNESS PARTICIPANT - Tobacco

Low Deductible PPO	Employee Pays	City Pays	Total Premium
Employee Only Coverage	\$ 131.00	\$ 501.00	\$ 632.00
Employee + Spouse Coverage	\$ 293.00	\$ 1,035.00	\$ 1,328.00
Employee + Child(ren) Coverage	\$ 272.00	\$ 929.00	\$ 1,201.00
Family Coverage	\$ 385.00	\$ 1,446.00	\$ 1,831.00
High Deductible PPO/HRA			
Employee Only Coverage	\$ 91.00	\$ 534.00	\$ 625.00
Employee + Spouse Coverage	\$ 219.00	\$ 1,097.00	\$ 1,316.00
Employee + Child(ren) Coverage	\$ 197.00	\$ 991.00	\$ 1,188.00
Family Coverage	\$ 310.00	\$ 1,505.00	\$ 1,815.00

NON WELLNESS - Tobacco

Low Deductible PPO	Employee Pays	City Pays	Total Premium
Employee Only Coverage	\$ 151.00	\$ 481.00	\$ 632.00
Employee + Spouse Coverage	\$ 313.00	\$ 1,015.00	\$ 1,328.00
Employee + Child(ren) Coverage	\$ 292.00	\$ 909.00	\$ 1,201.00
Family Coverage	\$ 405.00	\$ 1,426.00	\$ 1,831.00
High Deductible PPO/HRA			
Employee Only Coverage	\$ 111.00	\$ 514.00	\$ 625.00
Employee + Spouse Coverage	\$ 239.00	\$ 1,077.00	\$ 1,316.00
Employee + Child(ren) Coverage	\$ 217.00	\$ 971.00	\$ 1,188.00
Family Coverage	\$ 330.00	\$ 1,485.00	\$ 1,815.00

2017 Delta Dental Rates:	Employee Pays	City Pays	Total Premium
Employee Only	\$ 6.72	\$ 28.70	\$ 35.42
Employee + 1 dependent	\$ 46.98	\$ 28.70	\$ 75.68
Employee + 2 or more dependents	\$ 85.18	\$ 28.70	\$ 113.88