

**CITY OF COLUMBIA
GROUP INSURANCE PPO PLAN - ACTIVE EMPLOYEE RATES
\$750 DEDUCTIBLE (Effective 1/1/2017)**

2017 Medical Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Bi-Weekly Rate
Single	\$496.43	\$448.87	\$47.56	\$23.78
Single + Spouse	\$1,018.90	\$545.31	\$473.59	\$236.80
Single + Child(ren)	\$830.25	\$512.82	\$317.43	\$158.72
Full Family	\$1,451.99	\$681.43	\$770.56	\$385.28
2 City EE's Married/DP w/ full family coverage*	\$725.99	\$565.15	\$160.84	\$80.42
\$750 individual deductible		\$2,250 family deductible		

* = cost per employee

**CITY OF COLUMBIA
GROUP INSURANCE PPO PLAN - ACTIVE EMPLOYEE RATES
\$1500 DEDUCTIBLE (Effective 1/1/2017)**

2017 Medical Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Bi-Weekly Rate
Single	\$464.36	\$448.87	\$15.49	\$7.75
Single + Spouse	\$886.32	\$545.31	\$341.01	\$170.51
Single + Child(ren)	\$723.53	\$512.82	\$210.71	\$105.36
Full Family	\$1,254.80	\$681.43	\$573.37	\$286.69
2 City EE's Married/DP w/ full family coverage*	\$627.40	\$565.15	\$62.25	\$31.13
\$1,500 individual deductible		\$4,500 family deductible		

* = cost per employee

**CITY OF COLUMBIA
GROUP INSURANCE HDHP W/HSA PLAN - ACTIVE EMPLOYEE RATES
\$2600 DEDUCTIBLE (Effective 1/1/2017)**

2017 Medical Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Bi-Weekly Rate
Single (Employer Paid)	\$448.87	\$448.87	\$0.00	\$0.00
Single + Spouse	\$856.76	\$545.31	\$311.45	\$155.73
Single + Child(ren)	\$699.48	\$512.82	\$186.66	\$93.33
Full Family	\$1,212.75	\$681.43	\$531.32	\$265.66
2 City EE's Married/DP w/ full family coverage*	\$606.38	\$565.15	\$41.23	\$20.61
\$2,600 individual deductible		\$5,200 family deductible		
City H.S.A. Contribution: \$62.50 biweekly individual \$125 biweekly family				

* = cost per employee

**CITY OF COLUMBIA
GROUP DENTAL PLAN - ACTIVE EMPLOYEE RATES
Dental Coverage (Effective 1/1/2017)**

2017 Dental Coverage	Gross Rate	City Contribution	EE Net Monthly Rate	EE Net Bi-Weekly Rate
Single (Employer Paid)	\$31.63	\$31.63	\$0.00	\$0.00
Spouse	\$63.09	\$31.63	\$31.46	\$15.73
Children	\$63.09	\$31.63	\$31.46	\$15.73
Full Family	\$94.49	\$31.63	\$62.86	\$31.43
2 City EE's Married/DP w/ full family coverage*	\$47.25	\$31.63	\$15.62	\$7.81
\$25 deductible with \$1500 Annual Benefit per covered person				

* = cost per employee